



# Metamora Branch Library

4018 Oak Street P.O. Box 77 Metamora, MI 48455  
810-678-2991 Fax: 810-678-3253  
Monday: 9 am - 5 pm Wednesday & Thursday: 11 am - 8 pm  
Friday: 9 am - 2 pm

## Meeting Room Policy and Request Form

- The meeting room may be reserved by non-profit groups only.
- Please check with library staff regarding room availability before turning in this form.
- Monthly reservations may be set through the end of the calendar year. Check with library staff regarding other room usage requests.
- The room is only available during library hours.
- No meetings should start until fifteen minutes after the library opens. The room should be returned to its original condition and vacated at least fifteen minutes before the library closes.
- Chairs and tables are available upon request but you are responsible for set-up and tear-down.
- No extra time outside of library hours will be given for set-up or tear-down. Make sure that you include this time in your room reservation.
- Library programming has precedence over public usage. We reserve the right to cancel outside group usage with one week's notice.
- We must have contact information for your group.
- Do NOT print or publish the library's telephone number on your publicity.
- Selling or promoting of products/services is prohibited without prior written consent from the director or a department head.
- You are welcome to serve food. However, we provide no kitchen, utensils, or facilities cleanup. Smoking and alcoholic beverages are prohibited on library property.
- A television and dvd player is available for use in the meeting room upon request.
- Damages are the responsibility of the group.
- Maximum Room Occupancy is 29.

Last update: 4/18/2018

Today's date: \_\_\_\_\_ Reservation date: \_\_\_\_\_

Time: \_\_\_\_\_ To \_\_\_\_\_

Circle one: One Time Reservation    Monthly Reservation

Program Name: \_\_\_\_\_

Brief Program Description: \_\_\_\_\_  
\_\_\_\_\_

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event open to the Public:    Yes    No

I have read the Marguerite deAngeli Meeting Room policy and agree to abide by its terms. I confirm that the group information above is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this completed form to us **NO LESS THAN ONE WEEK** prior to your meeting.

Please be sure to give the number of people in attendance to the staff member at the service center before you leave.

### Staff Use Only:

Comments: \_\_\_\_\_  
\_\_\_\_\_

# in Attendance: \_\_\_\_\_ Staff Initials: \_\_\_\_\_