## Milanof-Schock Library Meeting Room Reservation Form

Today's Date:
Organization: $\qquad$ 501(c)3 NonProfit?*

Yes $\square$ No
Org. Purpose \&
Mission $\qquad$
Nature of Event: $\qquad$
Address:

Primary Contact: $\qquad$ Title:
eMail Address: $\qquad$ Phone: $\qquad$

Event Date: $\qquad$ Start Time: $\qquad$ Duration (in hours)**:
\# of Attendees: $\qquad$

|  | Room or Service <br> w/ Seating Layouts and Capacities | Non Profit Organization* |  | For-Profit Organization |  | \# of Hours** / Days | Total Charges |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Per Hour | $\begin{aligned} & \hline \text { Per } \\ & \text { Day } \\ & \hline \end{aligned}$ | Per Hour | Per Day |  |  |
| $\square$ | Engle Room Large - *TE <br> - 75 - Theater seating; no tables <br> - 60 - Theater seating; tables front \& back <br> - 24 - School setting; 2 chairs each at 12 tables | \$35 | \$200 | \$50 | \$300 |  |  |
| $\square$ | Engle Room Medium - *TE <br> - 40 - Theater seating; no tables <br> - 20 - Theater seating; tables front \& back <br> - 12 - School setting; 2 chairs each at 6 tables | \$25 | \$150 | \$40 | \$250 |  |  |
| $\square$ | Engle Room Small <br> - 26 - Theater seating; no tables <br> - 16 - Theater seating; tables front and back <br> - 8 - School setting; 2 chairs each at 4 tables | \$15 | \$75 | \$25 | \$150 |  |  |
|  | Overtime Fee (extra) | \$30/hr. |  | \$30/hr. |  |  |  |

Responsible Individual's Signature: $\qquad$
*If yes, you will need to provide a copy of your designation paperwork.
**Minimum 2 hours required. Remember to include set-up and teardown time in your total time.
*TE - Denotes technology-equipped.

Room Set-up and Equipment Needs
Please use the table below to tell us what furnishing and room configuration you need. We will have the room laid out for you when you arrive.

Before leaving, you are required to tidy the space, and ensure that it is free from trash or other debris. Any food or drink debris must be cleaned up and removed. Any room not returned satisfactorily to clean condition will incur a $\$ 25$ cleanup fee. Please notify the circulation desk staff or Operations Coordinator when you leave.

| EQUIPMENT | QUANTITY |
| :--- | :--- |
| Chairs |  |
| Tables |  |
| Podium |  |
| Computer |  |
| Projector/screen |  |
| PA system | $\square$ Theater; no tables |
| DVD player | $\square$ Theater; tables front and back |
| Floor covering | $\square$ Classroom; |
| Room Configuration |  |
| Please pick one. |  |
| Other: |  |

## FOR LIBRARY USE

## Approved

Entered on Calendar
Fee Received Date:
Date:
Comments:

