

Rockingham County Public Library

Name of Library Branch

Name of Organization

Purpose or Function of Meeting

Approximate Size of Group

Name of Individual Responsible

Phone Number

I understand that this meeting room is to be used only by educational, civic and cultural groups and that the use thereof shall not reflect adversely on the library.

Further, by my initials I agree to the following conditions:

- _____ I will be responsible for payment for any damage to the library property or additional cleaning needed as a result of this meeting.
- _____ I will be responsible for the conduct and behavior of persons attending the meeting while they are on library property.
- _____ I will notify the library when the meeting is over about how many attended the meeting.
- _____ The meeting room must be left in a neat and orderly condition. Table and chairs must be left as they were found. Trash should be disposed of properly.
- _____ A \$25.00 deposit will be charged for each group meeting outside of normal hours. This includes early arrivals, late departures and meetings which occur when the library is closed.
- _____ Meeting room policy violations and violations of safety procedures will result in forfeiture of the deposit.

Signature of Individual Responsible

Date

If the meeting is held during hours when the library is not open, please fill out and sign below.

I agree to be responsible for keypad # _____. I also agree to leave all areas used in good order, to ascertain that all persons have left the building, to turn off the lights and to lock the outside door securely.

I also agree to **KEEP ALL DOORS LOCKED** while the meeting is in progress and to post a responsible adult at the door to admit only members associated with my meeting. At no time will the door be propped open and left unattended.

Signature of Individual Responsible

Date: _____

Refund received by Individual Responsible

Date of Refund: _____