

VERA HOLLAND COMMUNITY CENTER RESERVATION FORM

DATE OF FUNCTION: _____ TIME: _____ A.M./P.M.

NAME OF ORGANIZATION/GROUP: _____

PURPOSE OF FUNCTION: _____

RESPONSIBLE PERSON: _____

ADDRESS: _____

PHONE NUMBER(S) _____ (DAY) _____ (NIGHT) _____ (CELL)

NUMBER OF PEOPLE ATTENDING _____

EQUIPMENT NEEDED:

TV/VCR/DVD PLAYER _____ RADIO/TAPE/CD PLAYER _____

OVERHEAD PROJECTOR _____ AV STAND _____

EASEL _____ PODIUM _____

RENTAL COST: \$100.00 Security Deposit (Refundable, separate check)

\$30.00 Rental fee for up to 4 hours and another \$30.00 for every additional block of time up to 4 hours (non-refundable).

Security deposits will be held for no more than 3 months and will revert to the library if not claimed by the customer during that time.

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I have read the Policy for Use of the Vera Holland Community Center and agree that my guests and I will abide by its rules and regulations. I understand that I will be responsible for setting up the furniture, returning it and any equipment borrowed to storage, and leaving the building and grounds clean and undamaged. I understand that I will be held responsible for the actions of my guests.

I will pick up the key/code to the Center on _____ no later than 5:00 p.m.

Signature

Date

FEES COLLECTED BY: _____
Library Staff Signature

Revised by the Library Board of Trustees: March 22, 2007