



**ELYRIA PUBLIC LIBRARY SYSTEM
COMMUNITY MEETING ROOM APPLICATION**

EVENT INFORMATION

Date(s) of Event:

Requester/Organization:

Setup Time: **Start Time:** **End Time:** Clean Up Time:

Total Event Time: **Anticipated Attendance:**

Please list the name of the person(s) who will be signing in to the room, if other than requester:

CONTACT INFORMATION

Name of Primary Contact:

Address: Phone:

City: State: ZIP Code:

Organization: Email:

LOCATION REQUESTED

Check the Branch Location and Meeting Space Requested:

CENTRAL	WEST RIVER	SOUTH
<input type="checkbox"/> Central-Scheide Room (60) <input type="checkbox"/> Podium <input type="checkbox"/> Central-Conference Room (12)	<input type="checkbox"/> West River-Miller Room (80) <input type="checkbox"/> Podium <input type="checkbox"/> West River-2 nd Fl. Conf. Room (20) <input type="checkbox"/> West River-Study Room #1 (2) <input type="checkbox"/> West River-Study Room #2 (2)	<input type="checkbox"/> South-Conference Room (24) <input type="checkbox"/> South-Study Room #1 (4) <input type="checkbox"/> South-Study Room #2 (4)

EQUIPMENT NEEDS (CONFERENCE ROOMS ONLY)

Sound System/Microphone Projector/Screen

-or-

I am bringing my own equipment

(The renter is solely responsible for setup and knowledge of setup of own equipment.)

SIGNATURES

I have read and agree to the "Room Usage Policy" of the Elyria Public Library System. (required)

I accept full financial responsibility for the related charges as outlined by the policy. (required)

Rental is for a Nonprofit Organization. (Proof Required)

SIGNATURE OF REPRESENTATIVE:

DATE:

OFFICE USE ONLY

Balance Due	Payment Amount Received	Payment Type
Date Received	Initials	Nonprofit Verification
Approved	Denied	Reason/Date

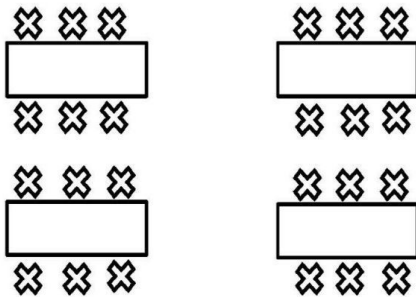


ROOM SETUPS

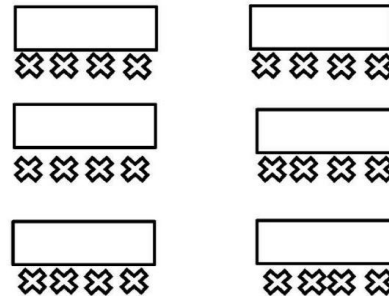
PLEASE check the box for your choice of setup

MILLER/SCHWEIDE ROOM ONLY (All other room locations are theater or classroom style.)

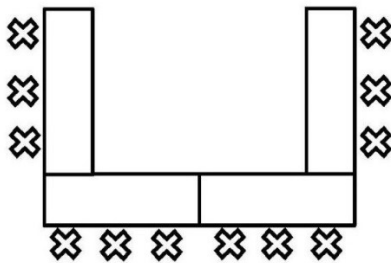
Banquet Style (Round or Square)



Classroom Style



U-Shaped Style



Theater Style

