# ELYRIA PUBLIC LIBRARY SYSTEM
## COMMUNITY MEETING ROOM APPLICATION

### EVENT INFORMATION

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Requester/Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Setup Time:</strong></td>
<td><strong>Start Time:</strong></td>
</tr>
<tr>
<td><strong>End Time:</strong></td>
<td><strong>Clean Up Time:</strong></td>
</tr>
<tr>
<td><strong>Total Event Time:</strong></td>
<td><strong>Anticipated Attendance:</strong></td>
</tr>
</tbody>
</table>

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

### CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name of Primary Contact:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Phone:</strong></td>
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<tr>
<td></td>
<td><strong>City:</strong></td>
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<td></td>
<td><strong>State:</strong></td>
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<td></td>
<td><strong>ZIP Code:</strong></td>
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<tr>
<td></td>
<td><strong>Organization:</strong></td>
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<tr>
<td></td>
<td><strong>Email:</strong></td>
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</tbody>
</table>

### LOCATION REQUESTED

Check the Branch Location and Meeting Space Requested:

#### CENTRAL
- Central-Rotary Conf. Room (Whole room 90)
- Founders Rm (24)
- Morrison Rm (36)
- Scheide Rm (36)
- Podium
- Central – Study Room #1 (6)
- Central – Study Room #2 (6)

#### WEST RIVER
- West River – Miller Room (50)
- Podium
- West River – 2nd Fl. Conf. Room (20)
- West River – Study Room #1 (2)
- West River – Study Room #2 (2)

#### SOUTH
- South-Conference Room (16)
- South – Study Room #1 (4)
- South – Study Room #2 (4)

#### KEYSTONE
- Keystone – Lg. Conf. Rm. (30)
- Keystone – Sm. Conf. Rm. (8)
- Keystone – Study Room #1 (2)
- Keystone – Study Room #2 (2)

*Max numbers are Dependent on Set-up Styles.*

*Kitchenette available upon request with some Conference rooms, excluding South Branch.*

### EQUIPMENT NEEDS (CONFERENCE ROOMS ONLY)

- Sound System/Microphone
- Projector/Screen

- **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:**
<table>
<thead>
<tr>
<th>Balance Due</th>
<th>Payment Amount Received</th>
<th>Payment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received</td>
<td>Initials</td>
<td>Nonprofit Verification</td>
</tr>
<tr>
<td>Approved</td>
<td>Denied</td>
<td>Reason/Date</td>
</tr>
</tbody>
</table>

Date Deposit Received: Date Deposit returned to Patron:

**ROOM SETUPS**

**PLEASE check the box for your choice of setup**

- **Banquet Style** (Round or Square)
  - [ ]
  - [ ]
  - [ ]

- **Classroom Style**
  - [ ]
  - [ ]

- **Board Style**
  - [ ]

- **Theater Style**
  - [ ]
  - [ ]