ELYRIA PUBLIC LIBRARY SYSTEM COMMUNITY MEETING ROOM APPLICATION **EVENT INFORMATION** Date(s) of Event: **Requester/Organization:** Start Time: End Time: Setup Time: Clean Up Time: **Total Event Time: Anticipated Attendance:** Please list the name of the person(s) who will be signing into the room, if other than requester: **CONTACT INFORMATION** Name of Primary Contact: Address: Phone: Citv: State: ZIP Code: Email: Organization: LOCATION REQUESTED Check the Branch Location and Meeting Space Requested: CENTRAL WEST RIVER SOUTH \Box West River – Miller Room (50) □ Central-Rotary Conf. Room □South-Conference Room (16) (Whole room 90) Podium \Box South – Study Room #1 (4) □Founders Rm (24) \Box West River – 2nd FI. Conf. Room (20) \Box South – Study Room #2 (4) □Morrison Rm (36) \Box West River – Study Room #1 (2) \Box Scheide Rm (36) \Box West River – Study Room #2 (2) □Podium **KEYSTONE** \Box Central – Study Room #1 (6) \Box Central – Study Room #2 (6) \Box Keystone – Lg. Conf. Rm. (30) \Box Keystone – Sm. Conf. Rm. (8) Max numbers are □Keystone – Study Room #1 (2) Dependent on \Box Keystone – Study Room #2 (2) Set-up Styles. Kitchenette available upon request with some Conference rooms, excluding South Branch. 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:

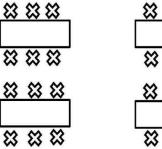


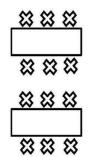
ELYRIA PUBLIC LIBRARY SYSTEM COMMUNITY MEETING ROOM APPLICATION						
OFFICE USE ONLY						
Balance Due	Payment Amount Received		Payment Type			
Date Received	Initials	Nonprofit Verification	Nonprofit Verification			
Approved	Denied	Reason/Da	Reason/Date			
Date Deposit Received:	ceived: Date Deposit returned to Patron:					

ROOM SETUPS

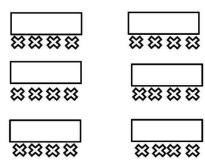
PLEASE check the box for your choice of setup

□ **Banquet Style** (Round or Square)

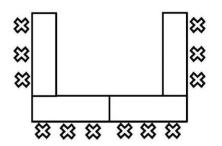




□ Classroom Style



□ Board Style



□Theater Style

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