



**COMMUNITY MEETING ROOM APPLICATION**

<b>Applicant Name:</b> (Greendale resident who must attend and is responsible for use)		Designated Person who can open the room:	
<b>Sponsoring Organization:</b>			
<b>Applicant address:</b>			
<b>Contact phone:</b>		<b>Contact email:</b>	
<b>Purpose of meeting:</b>			
<b>Date(s):</b>			
<b>Event Start Time:</b>		<b>Event End Time:</b>	
<b>Set-up Start Time:</b>		<b>Cleanup End Time:</b>	
<b>Expected attendance:</b> (Max capacity of 57)		EQUIPMENT AVAILABLE UPON REQUEST:	<input type="checkbox"/> Audio/Video <input type="checkbox"/> Kitchen facilities

This meeting and attendees will honor the *CLC Community Meeting Room Policy* (view online or by request). \_\_\_\_\_ (Applicant Initials)

The meeting Applicant will check in and out with the librarian at the Information Desk before and after the reservation. \_\_\_\_\_ (Applicant Initials)

Security Deposit of \$50 will be required at the time of application. Security deposits will be returned the next business day provided the group meets all the requirements of the Meeting Room Policy.

**Greendale Resident applicant:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Library staff approval:  
Name \_\_\_\_\_ Date \_\_\_\_\_

<b>Staff Use:</b> <input type="checkbox"/> Entered in calendar – Initials: _____ Date: _____ <input type="checkbox"/> Deposit in safe- Initials: _____ <input type="checkbox"/> Deposit Received DATE: _____ <input type="checkbox"/> CHECK <input type="checkbox"/> CASH-NEW <input type="checkbox"/> CASH-ROLL OVER <input type="checkbox"/> <b>DEPOSIT RETURNED</b> – Initials: _____ Date: _____
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