

**APPLICATION FOR MEETING ROOM USE  
PETER WHITE PUBLIC LIBRARY**

Date of Event: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Hours available are: Monday – Thursday 9:30 a.m. – 8:30 p.m.  
Friday 9:30 a.m. – 5:30 p.m.  
Saturday 10:30 a.m. – 4:30 p.m.  
Sunday (Sept-May) 1:30 p.m. – 7:30 p.m.

Room Requested: \_\_\_\_\_ Dandelion Cottage Room (10 people max.)  
\_\_\_\_\_ Peter White Conference Room (15 people max.)  
\_\_\_\_\_ Lions Room (16-20 people max.)  
\_\_\_\_\_ Shiras Room (40 people max.) \$10.00 non-refundable booking fee  
\_\_\_\_\_ Community Room (150 people max.) \$10.00 non-refundable booking fee

Room Set-up: \_\_\_\_\_ Theatre \_\_\_\_\_ Circle  
\_\_\_\_\_ Classroom \_\_\_\_\_ Dinner  
\_\_\_\_\_ Conference \_\_\_\_\_ Open  
\_\_\_\_\_ None \_\_\_\_\_ Special Request (please describe):

Expected Attendance: \_\_\_\_\_ Is there a fee to attend this event? \_\_\_\_\_ No \_\_\_\_\_ Yes

Event Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Describe Purpose of Event: \_\_\_\_\_  
\_\_\_\_\_

**Equipment Requested**  
**MUST BE REQUESTED AT LEAST**  
**ONE DAY IN ADVANCE OF THE**  
**EVENT--NO EXCEPTIONS!**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment Available in the  
 Community Room  
 July 1, 2008

TV/VCR	\$ 10.00
Slide Projector	\$ 15.00
Basic PA	No charge
Advanced PA	\$ 50.00
Overhead Projector	\$ 10.00
Projection Screen	No charge
LCD Projector	\$ 25.00
White Board	No charge
Chalkboard	No charge
Podium (2)	No charge
Tables	No charge
Chairs	No charge
Piano (see Piano Use Policy)	No charge 1 use per month
Piano (more than 1 time/mo)	\$ 100.00
Clavinova	\$ 50.00

Equipment Available in the  
 Peter White Conference  
 Room

Fees effective July 1, 2008

TV/VCR	\$ 10.00
Chalk Board	No charge
White Board	No charge
LCD Projector	\$ 25.00

I have reviewed the Peter White Public Library Meeting Room Policy and agree to abide by all of the Policies. I accept responsibility for any damage that occurs to the facility or equipment as a result of this event.

I understand that completing this application does not guarantee that the facility I have requested will be available. I will not publicize or announce this event until I have received a written confirmation that this application has been approved.

I agree to provide 24 hours notice of cancellation of the reservation or risk losing PWPL meeting room usage privileges.

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

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Date Application Received \_\_\_\_\_

Confirmed and Scheduled By \_\_\_\_\_

Confirmation Sent (Date) \_\_\_\_\_

Fees YES NO

Description Amount Due Date

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