



Agreement for Use of Multi-Purpose Room

(please note time reserved includes set-up & clean-up)

Standard fee for MP Room is \$30/3-hours plus \$10/hr thereafter

Non Profit Organizations are exempt.

Date	Times	# of Patrons	Key Out	Key In	Fee Paid	Room checked

GROUP OR EVENT _____

PERSON MAKING RESERVATION _____

TELEPHONE DAY _____ NIGHT _____

TYPE OF PATRON (GROUP/INDIVIDUAL)

- _____ Department of County Government; any federal, state or city government agency
- _____ Nonprofit organization
- _____ For profit organization
- _____ Social Activity

TO BE SIGNED BY PERSON IN CHARGE OF ACTIVITY

I affirm that I am the person in charge of the above scheduled meeting. I have read and understand the provisions of the POLICY FOR USE OF LIBRARY MEETING FACILITIES, THE GUIDELINES FOR THE DAVIE COUNTY LIBRARY PIANO, AND THE PUBLIC LIBRARY'S DISRUPTIVE BEHAVIOR POLICY, and agree that all meeting attendees will comply with the policies and regulations in their entirety. Policies include **"Absolutely no alcoholic beverages allowed; no loud music or dancing."**

At the completion of the reserved time, I agree to:

- **Clean all used areas including the public restrooms; bring cleaning supplies with you; see checklist.**
- **Remove all trash (dumpster is located behind the facility).**
- **Return all chairs, tables, and equipment to original positions: tables against the side and back walls and chairs in 7 rows of 7 chairs on 2 sides of center aisle (see diagram in kitchen).**
- **Properly secure the building and return any borrowed facility keys to the circulation desk or in the book drop, along with signed completed checklist.**
- **Report the total number who attended the activity and the time of departure. Room should be locked whenever group activity is completed.**

Should any damage occur during the reserved time, I am responsible to arrange payment for such damage. The Library will determine the reasonable amount required for replacement/repair of damages or cleaning service required.

NOTE: All evening activities should be completed by 10:00 pm.

PLEASE BE CONSIDERATE OF THOSE WHO USE THE FACILITY FOLLOWING YOUR EVENT

Signature _____ Date _____

Fee Charged: _____ Date: _____ Staff _____

Staff: As you complete this form, sign your name. Verify that all information is complete!