

Staff: _____ Dates: (for office use only) _____

PLEASE NOTE: This form must be completed and returned **with payment** before your meeting date can be confirmed. Once payment is received, you will be notified when your meeting date is confirmed.

Meeting Room Application - Meeting Room Use Agreement

Susquehanna County Historical Society & Free Library Association

Meeting space requested:
(circle one)

Community Room

Children's Activity Area

Organization Name: _____

Person representing the organization above (must be 18 or older): _____

Do you hold a Susquehanna County Library Card? Card # _____

Address: _____ Primary phone: _____

City/State: _____ Secondary phone: _____

Zip: _____ Email: _____

Alternate Representative (include phone #): _____

Purpose of meeting: _____

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date: _____ **Time:** _____ **to:** _____ *Times should include your setup and cleanup time.*

Estimated # of attendees: _____

Signature: _____ Name (Please Print): _____

Date: _____ Paid: (method & date) _____

Will a fee be charged for entry to your event? Yes / No

Is this event considered a fundraiser? Yes / No

How many tables will you use (approx.)? _____

How many chairs will you use (approx.)? _____

Will you need technical assistance? _____

***Please remember:**

- We do not open doors until 9:00 a.m.
- Room use outside of business hours requires an extra fee.
- Your rental time should include prep and cleanup time.
- Please take all food/drink with you.
- Please clean out the coffee maker, if used.

WHICH OF THE FOLLOWING WILL YOU REQUIRE FOR YOUR EVENT?

PLEASE CHECK ALL THAT APPLY:

- DVD/Blue-Ray Player
- Projector/Projection Screen
- Podium Microphone
- Hand-held Microphone
- Lapel Microphone
- White Board
- Kitchenette (Renter is responsible for cleanup)