

# Eugene Public Library Meeting Room Rental Application

Group/Event: \_\_\_\_\_ Applicant: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_ Address: \_\_\_\_\_

Room(s) requested: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Total hours: \_\_\_\_\_ Number of guests: \_\_\_\_\_ Reservation Hours: \_\_\_\_\_ to \_\_\_\_\_ (With set-up & clean-up)

Actual meeting time: \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ Room Use fee (Cash  Check  Credit Card [Visa/MasterCard/debit cards only])

\$ 100.00 Refundable damage/cleaning deposit (Cash  Check  Credit Card [VISA/MasterCard/debit card])  
**- If paid by check, there must be two separate checks- one for room use fees, and one for deposit.**

Credit Card Number: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address Associated with Credit Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**DO YOU NEED:**

Assistive Listening Device

Directional arrow sign

Extra garbage cans

Podium

Microphones

Do you plan to serve snacks/food?

Easels

*(call to arrange type)*

YES  NO

TV with DVD Player

Electrical Cords

Do you need kitchen access?

YES  NO

How many **chairs** are needed? \_\_\_\_\_ How many **tables** are needed? \_\_\_\_\_ (2 people per table)

Conference Room	Cost per hour when Library is open to the public	Cost per hour when Library is closed to the public	Deposit
Tykeson	\$25	\$45	\$100
Bascom	\$25	\$45	\$100
Bascom-Tykeson	\$50	\$90	\$100
Singer	\$25	not available	\$100

I, \_\_\_\_\_, am the applicant for a library conference room. I certify that I am of legal age and an authorized representative of the above organization (if any). I certify that the above statements are true to the best of my knowledge. I acknowledge that this conference room reservation is revocable and non-transferable. I have received copies of the Eugene Public Library's Patron Code of Conduct (based on Administrative Order No. 57-14-01-F) and the Meeting Room Rental Policy, and I and/or the organization I represent agree to be bound by all applicable regulations. I and/or the organization I represent understand that any violation of any of these Rules will result in forfeiture of deposit and jeopardize future use of library conference rooms. I and/or the organization I represent agree to indemnify, defend, and hold harmless the City of Eugene, its officials, agents and employees from and against any and all claims of injury to property or persons that may arise as a result of any activity occurring at the event for which I seek to use a library conference room. I and/or the organization I represent agree to pay all costs of damage and/or vandalism to the library conference room or facilities/equipment used in relation to the event for which I seek to use the library conference room.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Library Approval

\_\_\_\_\_  
Date

Please return completed form to Eugene Public Library Administration.

**Mail:** 100 W. 10<sup>th</sup> Ave., Eugene OR 97401 **Email:** librarymeetingrooms@ci.eugene.or.us **Fax:** 541-682-5898

**TAPE IS NOT TO BE USED ON WALLS ANYWHERE IN LIBRARY.**

(rev. 4/14)