

Deposit Check Received _____

Room Fee Received _____

note date received, check # and initial

**copy checks and staple to this form

Key given to: _____

Larsen-Sant Library Community Room/Kitchen Reservation Form

Today's Date _____

Date Needed _____

Person Reserving _____

Time _____

Business Reserving _____

Room Fee _____

Phone Number _____

Kitchen _____

Address _____

Deposit **\$100**

check must be picked up with in 30 days

circle one profit non-profit

Attendance Expected _____

Purpose _____

Liability Statement In consideration of the use of the community room, kitchen or story garden, each organization or user agrees that:

- a. User will pay for all damages to any property of the Franklin County Library District, result in directly or indirectly from the conduct of any member, officer, employee, or agent of the organization or user, or any of its invitives;
- b. User will save and hold harmless and indemnify the Franklin County Library District from and against any and all liability which may be imposed upon them or either of them, for any injury to persons or property caused by the organization or any person in connection with a meeting held at the Larsen-Sant Library.

Rules *Fee and Deposit must be paid BEFORE door is unlocked.

*No alcoholic beverages. No smoking. No drugs.

*Do not attach anything to walls and/or furniture.

*Set up and clean up are the responsibility of the renter.

*Room Limit is 80 people.

*Please do not park in staff parking during library business hours. Do not block book drop or drive-up window.

I have read the "Community Room Policy" and the "Liability Statement" and the "rules" above. I agree to comply with them . I understand that failure to comply with this policy may result in expulsion from the library premises and denial of future reservations.

Sign & Date _____

Name and postion in organization (if any)