

APPLICATION FOR THE USE OF THE COMMUNITY ROOM
Lake Region Public Library

Applying organization:

Name: _____

Address: _____

Responsible person: _____

Responsible person's phone: _____

Purpose of meeting: _____

Anticipated attendance: _____

Time desired: _____ Date: _____

Organization type (circle one):

- | | | | | |
|------------------------------------|-------------|---------------------|---|--|
| i. Gov't,
school, or
library | ii. Authors | iii. Non-
profit | iv. Individuals,
families, ad hoc
clubs | v. For-profit
business, or-
ganization |
|------------------------------------|-------------|---------------------|---|--|

FEES:

FOR-profit business, organization
(\$10/hr up to 4 hrs; \$40 fm 4-8 hrs.) _____

Individuals, families, unofficial/ad hoc clubs
(weddings, hobby groups, etc.) (\$7.50/hr up to 4 hrs;
or \$30 f 4-8 hrs.) _____

Room setup (\$10) _____

Equipment (TV/VCR, slide projector) (\$5 each) _____

City, county, school, public library or public library-affiliated
Group; authors; local (Ramsey Co.) non-profit groups: No fee.

All fees are refundable if a meeting is cancelled 24-hours in advance or is cancelled by the library.

I have read and agree to abide by the Statement of Policy and Rules. I agree to use the Community Room only for the purpose stated above and within the stated date, times, and attendance. Failure to abide by this agreement may result in the suspension of the use of the Community Room.

(signature) (date)

Note: deliver to the Lake Region Public Library or mail this application to the library at 423 7th Street NE, Devils Lake, ND 58301-2529. Library's phone: (701) 662-2220; fax: (701) 662-2281. All fees should be paid before booking will be confirmed. Make checks or money orders payable to "Lake Region Public Library."