

Application for Meeting Room Use at the Pauline Haass Public Library

Email to: meetingrooms@phpl.lib.wi.us OR return at Circulation Desk

Please review the **Meeting Room Use Policy** at <http://www.phplonline.org/meeting-rooms/> to determine whether your group qualifies to use meeting rooms at the library.

NOTE: This is an application, not a reservation form. No plans should be made regarding the use of meeting rooms and no advertising should be done until a written confirmation is received. If the application is not filled out completely, it will be returned unprocessed. Please refer to the Meeting Room Use Policy or ask for assistance if you have questions. (262-246-5181)

Organization Name _____

Address & Phone _____

Date of Application _____

I attest that this group is not-for-profit (documentation may be required)

Would you like information on how to have your non-profit group included in the CAFÉ catalog?

Yes ____ No ____ If yes, please list: Contact person _____

Email address _____ Phone _____

Purpose of meeting _____

Library use of meeting rooms is a first priority and the Library reserves the right to cancel a reservation if the room is needed for that purpose. Whenever possible, a 24-hour notice will be given. This right will be exercised only in urgent situations.

Please indicate both day of the week and date (i.e. *Monday, 9/12/22*) for all dates requested, to avoid errors. You may request no more than six (6) dates on one application:

Dates requested (one per line):

Approved	Confirmed by:
____ YES ____ NO	Email _____ Phone _____
____ YES ____ NO	Email _____ Phone _____
____ YES ____ NO	Email _____ Phone _____
____ YES ____ NO	Email _____ Phone _____
____ YES ____ NO	Email _____ Phone _____
____ YES ____ NO	Email _____ Phone _____
<i>For staff use only</i>	

Arrival time for setup (after 9:30AM Monday - Saturday or 1:00PM on open Sundays) _____

Meeting start time _____

Departure time, after vacuuming & other cleanup (may be after the Library closes) _____

Which room you are requesting?

___Quad/Graphics Room (seating for 80, room capacity 100) ___Small Meeting Room (capacity 12)

Estimated attendance___

Is permission requested to serve refreshments? _____ to use the (shared) kitchen? _____

If yes to either, please describe: _____

Do you wish to use the Meeting Room A/V equipment?

Equipment requested:

TV Display _____ Meeting Owl (camera/mic/speaker)____ Sound Bar (Quad Room only)____

A/V Kit (includes TV remote, HDMI cable/adapters, power strip) _____

A valid library card is required to use A/V equipment in order to check out the meeting room A/V kit.

Contact person for your organization _____

(The Library will refer any inquiries to this person.)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

The undersigned, on behalf of the above named organization, **has read and agrees to comply with the policies, procedures and regulations** governing the use of Library meeting rooms. The applicant shall indemnify and hold harmless the Pauline Haass Public Library, its employees, and board of trustees from any damages for personal injury or property damage. The applicant assumes all and exclusive responsibility for the preservation of order and the sole responsibility for any injury to persons, damage to Library facilities or Library or personal property, or loss of Library or personal property that may result from the use of a meeting room at the Pauline Haass Public Library.

Signature of applicant _____

If signer is not the same as the contact person listed above, please print your name and phone number:
