

# BLOOMFIELD TOWNSHIP PUBLIC LIBRARY MEETING ROOM CONTRACT

<b>Office Use Only</b>	
Initials: _____	Contract: _____
Log: _____	Tax-Exempt: _____
Confirmation Code: _____	

Name (Library Cardholder—please print) \_\_\_\_\_ Library Card Number \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Alternate Contact Phone and/or E-Mail \_\_\_\_\_

Organization Name: \_\_\_\_\_ Tax-exempt:  yes  no

If your organization is tax-exempt, then proof (filing form preferred) of such status is required along with the contract and payment to receive a nonprofit meeting room rate. If not received within two weeks, reservation may be cancelled.

Cardholder's Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Actual Start Time: \_\_\_\_\_ Actual End Time: \_\_\_\_\_  
(Please note additional meetings on back of contract. 6 meetings are allowed per year, per group)

Purpose of Meeting \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

**NOTE: MEETINGS MUST END 30 MINUTES BEFORE END OF PERIOD RESERVED. 30 MINUTES AT START OF PERIOD IS FOR SET-UP.**

**MEETING ROOM PERIOD RESERVED:**

- Monday:    \_\_\_\_\_ 9a.m.-1p.m.    \_\_\_\_\_ 1-5p.m.    \_\_\_\_\_ 5-9p.m.
- Tuesday:   \_\_\_\_\_ 9a.m.-1p.m.    \_\_\_\_\_ 1-5p.m.    \_\_\_\_\_ 5-9p.m.
- Wednesday: \_\_\_\_\_ 9a.m.-1p.m.    \_\_\_\_\_ 1-5p.m.    \_\_\_\_\_ 5-9p.m.
- Thursday:   \_\_\_\_\_ 9a.m.-1p.m.    \_\_\_\_\_ 1-5p.m.    \_\_\_\_\_ 5-9p.m.
- Friday:     \_\_\_\_\_ 9:30a.m.-1:30p.m.    \_\_\_\_\_ 1:30-5:30p.m.
- Saturday:   \_\_\_\_\_ 9:30a.m.-1:30p.m.    \_\_\_\_\_ 1:30-5:30p.m.
- Sunday:     \_\_\_\_\_ 12:30-4:30p.m.

**MEETING ROOM RESERVED AND ARRANGEMENT:** see fee schedule on page 2

- \_\_\_\_ Leslie Harcourt Green/Community Room - chairs and tables, max. 90
- \_\_\_\_ Leslie Harcourt Green/Community Room - chairs with speaker table only, max. 140
- \_\_\_\_ Meeting Room 1 - chairs and tables only - seating maximum 46
- \_\_\_\_ Meeting Room 2 - chairs with two speaker tables - seating maximum 56
- \_\_\_\_ Meeting Room 3 - chairs and tables only - seating maximum 18

**ADDITIONAL MEETING ROOM EQUIPMENT DESIRED, IF AVAILABLE:**

- |  |  |  |
|--|--|--|
| ____ Assistive Hearing Device(s)       | ____ CD Player/remote                        | ____ Coat Racks in nearby space              |
| ____ Coffee Urns                       | ____ Data Video Projector/remote             | ____ Dry Erase/Magnetic Board                |
| ____ DVD Player/remote                 | ____ Easel                                   | ____ Gathering Space                         |
| ____ Grand Piano (Community Room Only) | ____ Lectern                                 | ____ VCR Player/remote                       |
| ____ Warming Kitchen                   | ____ Wireless Microphone –<br>Lavalier Style | ____ Wireless Microphone –<br>Handheld Style |

**PLEASE COMPLETE PAGE TWO OF FORM**

**BLOOMFIELD TOWNSHIP PUBLIC LIBRARY  
MEETING ROOM CONTRACT**

<b>FACILITY &amp; GROUNDS USE FEES EFFECTIVE APRIL 1, 2010</b>					
Meeting Room	Capacity	Arrangement	Non-profit	Profit	Additional Charges
Leslie Harcourt Green/Community	Seating: 90 or 140	Tables & chairs (max. 90) or Chairs only (max. 140)	\$100	\$240	Late end time: \$25 per each 5 minutes.
Meeting Room 1	Seating: 46	Tables & chairs only	\$50	\$120	Late end time: \$25 per each 5 minutes.
Meeting Room 2	Seating: 56	Chairs only	\$50	\$120	Late end time: \$25 per each 5 minutes.
Meeting Room 3	Seating: 18	Table & chairs only	\$0	\$60	Late end time: \$25 per each 5 minutes.

**All meeting room rates are per four-hour period. Fees for multiple periods may be required, based on meeting start and end times.**

FEES: \$\_\_\_\_\_ PAID VIA: \_\_\_Cash \_\_\_Check \_\_\_Credit card (Credit Card fees added to library card account and may be paid online only.) All refunds, regardless of original method of payment, will be made by check; please allow 2-6 weeks.

**Please note: No changes can be made to the arrangement of the rooms and no equipment can be added to the meeting room reservation at the time of the meeting. Room furnishings may not be repositioned by meeting attendees.**

*I have read the accompanying Meeting Room Guidelines and agree, as a condition of and in partial consideration for the use of the meeting facility, that I will be responsible for any damage to the facility or grounds, and damage or loss of any equipment or furnishings and that I will abide by the terms of this agreement. I release and hold harmless the Bloomfield Township Public Library from any and all claims for personal injury or property damage.*

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Library card #: \_\_\_\_\_

Additional Dates	4-hour Block	Meeting Room	Conf. Code	Equipment	Payment Due	Initials