**Application Form for Use of Conference/Community Rooms**

**Robert W. Barlow Memorial Library**

Please read the Conference/Community Room Guidelines & Policy before completing the application form, as you are agreeing to the policy when you sign the form. The application may be submitted in person, by mail (921 Washington Ave., Iowa Falls, IA 50126) or via email (amandas@iowafalls.lib.ia.us. To confirm your reservation and hold your date, a $25.00 deposit is also required.

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Requested: 🞏 Community Room 🞏 Conference Room

Date of Event for Room Rental: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time (allow for set-up) \_\_\_\_\_\_\_\_\_\_\_\_\_ End Time (allow for tear-down)\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I can only have access to the room during library operation hours. I cannot access the room any day prior to the reserved date. I can only access the room for set up and tear-down during library operating hours, not before or after. I will notify all parties in my group of this policy. \_\_\_\_\_\_\_\_\_\_\_\_ Initial

Name or Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the Conference/Community Room Policy & Guidelines and agree to abide by it. I realize that if I wish to cancel my reservation, I will call within 24 hours of the reserved date or my deposit will be held as a donation to the Robert W. Barlow Memorial Library. I also realize that if I have not picked up or made arrangements for my deposit within two weeks after the rental date, my deposit will be considered a donation to the Robert W. Barlow Memorial Library.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For use by Library Staff:**

Date the room was requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date application sent to patron: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit received: yes no Date:\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Fee Paid: Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Inspected Date: \_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Returned Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_\_\_\_