

Please read the Conference/Community Room Guidelines & Policy (**on back**) 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 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 _____