

EPHRATA PUBLIC LIBRARY
550 South Reading Road • Ephrata, PA 17522
(717) 738-9291 • (717) 721-3003

MEETING ROOM APPLICATION – COMMUNITY GROUP

Name of Organization: _____ 501(c)3 Status: ___ Yes ___ No

Business Address: _____

Individual Responsible: Name: _____

Address: _____

Phone: Home _____ Business _____

Fax: _____ Email: _____

Subject, title or nature of meeting: _____

Date of meeting: _____ Estimated attendance: _____ Open to public? ___ Yes ___ No

Starting time _____ a.m./p.m.

Duration of meeting (duration must include both setup and teardown times):

___ 2 hours ___ 4 hours ___ 6 hours ___ 8 hours

Room requested: ___ Multi-Purpose Room ___ Conference Room

Kitchen requested: ___ Yes ___ No

Please submit “Facilities and Equipment list with your application.

STATEMENT OF DAMAGE RESPONSIBILITY:

I/We agree that our group/organization will assume total financial responsibility for any damage caused by our group or its guests while using the library facilities and equipment.

Signature of individual representing group or organization

_____ Date _____

Payment is due before or at the time of the meeting. Groups, except those with 501(c)3 status, must send a \$15 (for Conference Room) or \$25 (for Multi-Purpose Room) nonrefundable deposit for each date requested.

Cost of Facilities and Equipment Rental – COMMUNITY GROUP

Meeting Date: _____ Meeting Time: _____

Organization: _____

Please Check	Facilities/Equipment	501(c)3 Organizations	Businesses (Not 501(c)3)
	Multi-Purpose Room	Donation (\$25)	___ up to 4 hours for \$50 ___ up to 8 hours for \$100
	Conference Room	Donation (\$15)	___ up to 4 hours for \$25 ___ up to 8 hours for \$50
	Kitchen	Donation (\$10)	\$25
	Overhead Projector	\$10	\$10
	Easel & Pad	\$10	\$10
	Coffee Maker & Coffee	\$10	\$10
	Video Projector	\$25	\$25
	DVD/VCR	\$10	\$10

Total \$ _____
 Subtract Deposit \$ _____
 Subtotal \$ _____
 Add Sales Tax \$ _____
 BALANCE DUE \$ _____

Date Paid _____ Check # _____

Donations and Fees

Call Penny Talbert, Community Relations Coordinator at 717-738-9291 ext. 102 for complete information.

I have read the meeting room policies and regulations for the Ephrata Public Library and agree to these terms.

_____ **Date** _____
 Organization Representative

FOR LIBRARY USE ONLY

Deposit: Date received: _____ Amount: _____ Check # _____
 Balance Due: Date received: _____ Amount: _____ Check # _____