

L. E. SMOOT MEMORIAL LIBRARY

9533 Kings Highway Phone: 540-775-2147  
King George, Va. 22485 Fax: 540-775-3769

### Meeting Room Application

Date of Application: \_\_\_\_\_ (Bookings may not be made more than 3 months in advance)

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

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

Responsible Party Name (Cardholder): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a designated not-for-profit organization? Yes  No  (Proof of status may be requested)

Date(s) of Requested Room Use: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(date 1) (date 2) (date 3) (date 4)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ (room availability ends 10 minutes prior to closing)

Number of Expected Attendees: \_\_\_\_\_ (See reverse for occupancy levels)

Room Requested: (Check Box) Room preference is not guaranteed. **Limited to two rooms per use**

Meeting Room A  Meeting Room B  Program Room  Memorial Room   
Group Study  Conference Room  Kitchen

Equipment Requested: (Check Box)

Podium  Projector  Projection Screen  DVD/Blu-Ray Player

**Payment:** Payment in full and forms required within 5 days of application.

**Cancellation:** Bookings will automatically be cancelled after 5 days if payment is not received.

Access to rooms prior to your Start Time or staying beyond your End Time could result in additional charges.

I have read and received a copy of the Meeting Room Policy, and I accept responsibility, as well as any damages and/or fees, as outlined. The Library may give out my name and telephone number to anyone inquiring about this program. I/We will hold the L. E. Smoot Memorial Library harmless for any damages to property or persons while our group or organization uses Library facilities.

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

\*\*\*\*\*In Office Use\*\*\*\*\*

Payment Receive Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Reservation Approval Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

	Program Room	Meeting Room A or B	Meeting Room A & B	Conference Room	Memorial Room	Quiet Study A, B & C	Group Study	Computer Lab
Room Occupancy	32	32 with tables	64 with tables	10	20	6	8	14 Computer Stations
Non Profit Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$50/hour, not to exceed 3 hours
For Profit Fees	\$10/hour	\$25/hour	\$50/hour	\$10/hour	\$100/hour	Not Available	Not Available	\$75/hour, not to exceed 3 hours
AV Capacity	Screen Projector Dry Erase	Screen Projector	Screen Projector	Screen Projector Dry Erase	Screen Projector	Dry Erase	Dry Erase	
AV Fees	\$15, \$0 for Dry Erase	\$15	\$15	\$15, \$0 for Dry Erase	\$15	\$0	\$0	\$0
Repair Fees	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost
Maintenance/ Cleaning Fees	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour

Kitchen use requires a \$15 non-refundable fee. Fees are per use.