

Huntsville Public Library
Room Reservation Agreement

Before completing this form, read the Room Rental Policy in full. Return this form, along with a deposit of \$150 and all applicable fees, to the library. Cash or credit card is required for reservations made ten or fewer business days in advance. ENTER ORGANIZATION / CONTACT NAME AND MAILING ADDRESS TO WHICH REFUND SHOULD BE SENT!

Organization: _____ **Contact:** _____

Mailing Address: _____ **Phone #:** _____

City, State, Zip: _____ **Email:** _____

2nd Contact Name: _____ **Phone #:** _____

I am a/We are a: (Check one) Inside Walker County Outside Walker County Purpose of Event
 NOT For-Profit NOT For-Profit
 For-Profit For-Profit _____

Requested Room: (Check one) Nash Board Room Staggs Community Room
(occupancy 16 people) (occupancy 250 people)

Requested Day(s) & Date(s): _____

Start Time: _____ a.m. / p.m. **End Time:** _____ a.m. / p.m. **Total # of Hours:** _____
(Circle one) (Circle one)

I/We need to use the library's A/V equipment for an additional fee of \$20: No Yes If yes, please contact Library Technology at 936.291.5485 to schedule required Equipment Use Briefing, which must be completed prior to reservation date.

Fees: (Refer to Section 7.05 of the Room Rental Policy)
 Hourly Rate _____ X # of Hours _____ X # of Dates _____ = Rental Fee _____
 AV Rental Rate \$20.00 X # of Dates _____ = AV Fee _____
 = **Total Fee** _____

I have read and accept the conditions of use as outlined in the Room Rental Policy provided to me and agree to comply with all requirements. I understand the deposit payment will be processed immediately and affirm I have sufficient funds to cover the transaction. I understand failure to notify the library of cancellation at least three business days prior to the requested reservation date will result in forfeiture of the deposit. I acknowledge the deposit, less any charges assessed, will be refunded in the form of a check from the City of Huntsville 2-3 weeks following the reservation date.

Signature: _____ **Date:** _____

Library Use Only		
Deposit Amount \$ _____	Room Rental Fee \$ _____	Closing Fees Assessed: _____
Deposit Date: _____	After Hours Fee \$ _____	Reason: _____
Accepted By: _____	A/V Equip Fee \$ _____	_____
Cash/Credit Card/Check#: _____	Total Fees \$ _____	Deposit Withheld \$ _____
_____	_____	Refund Amt Due \$ _____
Cancellation Date: _____	_____	_____
Cancellation Received By: (circle one)	Phone Mail Email In person	_____
Cancellation Contact Name & Phone #:	_____	
Date Added to Calendar: _____	Email Confirmation Date: _____	_____
Date Refund Request Sent to CH: _____	Notes: _____	_____
_____	_____	_____

Reserved Under:

Last Name

First Name