

Seguin Public Library

Community Meeting Room Reservation Application

RENTAL FEES:			
SECURITY DEPOSIT:	\$100 PER RESERVATION (CHECK OR CASH ONLY)		
COMMERCIAL/BUSINESS RATE	\$50 PER HOUR	\$50 CLEANING FEE (IF FOOD IS SERVED)	
NONPROFIT ORGANIZATION RATE:	\$15 PER HOUR	\$25 CLEANING FEE (IF FOOD IS SERVED)	
ROOM HOURS:			
MONDAY – THURSDAY: 9 A.M. - 7:30 P.M.	FRIDAY: 9 A.M. - 5:30 P.M.	SATURDAY: 9 A.M. - 4:30 P.M.	SUNDAY: 1 P.M. - 4:30 P.M.

Instructions: Please read the Community Meeting Room Policy prior to completing this form. The completed application may be hand-delivered, mailed, or emailed to librarymeetingspaces@seguintexas.gov. A separate application and security deposit is required for each date the room is reserved unless the reservation is for 2 consecutive days. **Security deposit must be received within 7 calendar days of booking the room or the reservation will be canceled.**

Name of authorized representative: _____

Organization Name: _____

Type of Organization: Business _____ Nonprofit _____ City Affiliated _____ Individual _____

Organization Address: _____

Contact Phone Number: _____ Email: _____

Meeting Date: _____ Meeting Purpose: _____

Appx. Number of Attendees: _____ Open to Public: Yes _____ No _____ A/V Equipment: Yes _____ No _____

Reservation: Start Time: _____ End Time: _____ Food Will Be Served: Yes _____ No _____

***Signee of this application must be present to gain entrance to the room. Entry will not be granted until start time.**

As the authorized representative of the above organization, I hereby apply for use of the Seguin Public Library Community Meeting Room. My organization and I agree to follow all the rules and procedures in the Community Meeting Room Policy and understand that my organization or I will be responsible for any damages, losses or cleaning expenses that may result in our use of the meeting room.

I understand that rental fees are not prorated and must be paid prior to gaining entrance to the room. I understand that failure to notify the library of a cancellation at least 48 hours prior to the scheduled meeting or not showing for a reservation will result in forfeiture of the security deposit.

Signature: _____ Date: _____

Library Use Only:			
Date Application Received: _____	Date Deposit Due: _____	Staff: _____	
Date Deposit Received: _____	Receipt # _____	Staff: _____	
Room Rental Fee: _____	Cleaning Fee (if applicable): _____	Total Paid: _____	Date: _____
Receipt #: _____	Deposit Returned: Y _____ N _____	Customer's Initials: _____	Staff: _____

