



**MOUNT HOREB
PUBLIC LIBRARY**

www.mhpl.org 608-437-5021

Meeting Room Reservation Request Form

*Form must be completed for each reservation.
The room is not reserved until the library confirms.*

Meeting Date: _____

Number of People: _____

Meeting Time (including set up & clean up): _____

Begins: _____ Ends: _____

If your meeting begins earlier than 9am, you will need to make arrangements to pick up a key in advance.

Purpose of Meeting: _____

Will you need the kitchen? ___ Yes ___ No

**Is this meeting for a non-profit/
community group? ___ Yes ___ No**
If not, there is a \$10/hr Meeting Room fee, \$20/hr Meeting Room & Kitchenette fee payable by cash or check.
Amount Due: \$ _____

Contact Information:

Name: _____

Organization (if applicable): _____

What community does the organization serve? _____

Contact Phone: _____

Contact Email: _____

Mailing Address: _____

Do we have your permission to give your contact information to the public if someone inquires about your event? ___ Yes ___ No

Meeting Room Agreement:

- I have read and agree to be bound by the Mount Horeb Public Library Meeting Room Policy
- I will leave the room clean and arranged as I found it.
- I understand that while using the Meeting Room and/or Kitchenette, no admission may be charged and no products or service may be advertised, solicited or sold.
- I understand reserving the Meeting Room does not mean my event is a library sponsored event and/or endorsed event and that I must publish the following disclaimer text in all marketing materials: "This program is not a library sponsored event."
- I understand alcohol is not allowed anywhere on library grounds, including in the Meeting Room.
- If the key is lost, I understand I will be charged for all costs associated with re-keying of the Meeting Room and Foyer.
- I will notify the Library 24 hours before cancellation.
- I understand failure to comply with the Library's policies may result in the loss of use of the meeting room.
- I understand this request becomes a reservation only after the Library has confirmed it.

Signature of responsible party: _____

Date: _____

For Library Staff Only

Paid On: _____ Via: _____ Staff: _____

Key: Picked Up On: _____ Staff: _____
Returned On: _____ Staff: _____