



145 South Main Street
Bluffton, Ohio 45817
Tel: 419-358-5016 Fax: 419-358-9653

Meeting Room Application

Application Date: _____

Name of Organization or Individual: _____

Specify one:

- Non-Profit Community Organization** – Local organizations engaged in educational, civic or cultural activities
- For-Profit** – Commercial End User - Entities that receive advantageous gain or return or benefit from their activities; businesses.
- Social Function**– Gatherings that are intended purely for social reasons (Family Reunions, Receptions, Parties, Showers...)

Name of Person Responsible: _____

Home Phone: _____ **Business Phone:** _____
Cell: _____ **E-Mail Address:** _____
Mailing Address: _____

Purpose of the Meeting: _____

Meeting Date(s): _____ **Expected Attendance:** _____

Richland Room Monroe Room Both Rooms (please see policy for fees)

Reservation Time: Start: _____ **End:** _____

(Note: Allow time to set up refreshments, etc. and clean up within times listed above. Room must be evacuated fifteen minutes before closing time.) Rental fee includes up to three hours of use. The room contains a divider; concurrent meetings may be scheduled when individual rooms are rented.

Secondary Contact Name: _____

Home Phone: _____ **Business Phone:** _____
Cell: _____ **E-Mail Address:** _____
Mailing Address: _____

WiFi is available. Users must adhere to the Library's Internet Use Policy. Non-library groups must provide their own audiovisual equipment.

Please note: Room set up and tear down is the responsibility of the individual/group renting the room. Failure to leave the room in the required state may result in a loss of rental privileges.

Signature of Responsible Party: _____

Room Charge Total: \$ _____ **(payment is due no later than the beginning of rental)**

Staff Use Only: Payment Information

Date paid _____	Amount paid _____	check / cash	Staff Initials _____
Date paid _____	Amount paid _____	check / cash	Staff Initials _____
Date paid _____	Amount paid _____	check / cash	Staff Initials _____
Date paid _____	Amount paid _____	check / cash	Staff Initials _____

Issue a receipt for each payment. Must be paid in full by day of event. Please place payment, copy of receipt, and this completed form in PSC's mail box. If renter asks, make a copy of this agreement for them.