

Sioux Lookout Public Library - Community Media Room

Date of Application _____ Staff Member Completing Form _____

Contact Name _____ Telephone _____

Email _____

Address _____

General Purpose of Rentals _____

Booking Schedule:

Weekly: _____

Monthly: _____

Other: _____

Type of Renter

Individuals/Businesses (\$20.00 / hour)

Non-Profit/Volunteer Run (\$10.00 per use)

Individual/Group Partnership (no charge)

Exam Proctoring (\$20.00 per use)

Equipment Required

Tables Chairs Kitchen Computers Presentation Equipment (projector, sound, etc.)

Other

Payment Method - Cash Cheque Invoiced (please fill in your complete mailing address)

Payment Schedule - Weekly Monthly

Assigned Key Pad # Yes No Assigned Room Key Yes No

The undersigned alone, or on behalf of the above organization, has read and agrees to comply with the policy and procedures governing public use of library facilities. ***The applicant accepts full liability for any damage to facilities or equipment and agrees to confine the personal or organization's activities to those described in this application. THIS ROOM HAS BEEN INSPECTED AND THE OCCUPANT LOAD HAS BEEN SET AT A MAXIMUM OF 26 PEOPLE IN THE ROOM AT ONE TIME.***

Signature of Applicant _____

Office Use Only:

Approved by: _____	Fee: _____
Key returned _____ Room inspected: _____	Breakdown of fee, if required: _____