



Meeting Room Use Application

Name of Group/Program: _____ Non-Profit? Yes No

Responsible Person: _____

Phone: _____ Fax: _____ E-Mail _____

Address: _____

Date(s) of Meeting(s): _____

Start Time (Include Setup): _____ Finish Time (Include Cleanup): _____ Expected Attendance: _____

Activity Details & Technology Needs: (Help us provide the necessary equipment and setup assistance)

May the above information (including phone number) be given out to interested parties? Yes No

Room Request: Please indicate below

- Meeting Room 1 (24 w/tables & chairs, First hour \$20 + Additional \$10/hr)
- Meeting Room 2 (14 w/tables & chairs, First Hour \$10 + Additional \$5/hr)
- Meeting Room 3 (14 w/tables & chairs, First Hour \$10 + Additional \$5/hr)
- Rooms 2 + 3 (28 w/tables & chairs, First Hour \$20 + Additional \$10/hr)
- Rooms 1 + 2 + 3 (Max 75 w/chairs only or 54 with tables & chairs, first Hour \$40 + Additional \$30/hr)
- Room 4 (16/classroom tables, First Hour \$10 + Additional \$5/hr)
- Computer Classroom (11 stations, First hour \$20 + Additional \$10/hr)



Ask about T-Coil hearing Assistance Available in Meeting Room 1

Equipment Request: Please indicate below

- Projector and Screen - indicate the device that will be projected: _____
- Microphone and Sound System
- Easel/Whiteboard/Markers
- TV and DVD/Blu-ray Player

Please send completed application via email to meetingrooms@twinsburglibrary.org or via fax to 330-425-3622. Non-refundable payment with check or money order payable to Twinsburg Public Library due at the time of application approval. The meeting will not be scheduled until this form is completed. By signing below, you certify that you have read, understand, and will adhere to the meeting room policies and guidelines.

Signed _____ Date: _____

-----OFFICE USE ONLY-----

Room Assignment _____

Equipment Assignment _____

Approved By _____ Date: _____

FEE: _____ Amount received: _____ Date: _____