Adamstown Area Library - Community Room Reservation Form

Date: __________________ Name of Applicant: ________________________________

Organization Information
Organization Name: ________________________________
Event Contact: ____________________________________________
501c(3) Status: _____Yes _____No
Mailing Address: ____________________________________________
Telephone: ________________________________________________
Email: ____________________________________________________

Event Information
Title/Nature of Event: _______________________________________
Date of Event: ______________________________________________
Start Time: ___________________________ End Time: ______________
Estimated Attendance: ____________________________
Will this event be open to the public? _____Yes _____No

Signature: ________________________________________________ Date: ________________

Community Room Fee Schedule

<table>
<thead>
<tr>
<th></th>
<th>Non-Profit Org.</th>
<th>For Profit Org.</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20/2 hours</td>
<td>$50/2 hours</td>
<td>$50/2 hours</td>
<td></td>
</tr>
<tr>
<td>Please consider donating for 2+hrs</td>
<td>$150/4 hours (half day)</td>
<td>$150/4 hours (half day)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$300/8 hours (full day)</td>
<td>$300/8 hours (full day)</td>
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</tbody>
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*Final approval is subject to the discretion of the Library Director
**Long term commitments will be reviewed and approved by the Board of Trustees on a case by case basis