



## 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

Non-Profit Org.	For Profit Org.	Individuals
\$20/2 hours	\$50/2 hours	\$50/2 hours
<i>Please consider donating for 2+hrs</i>	\$150/4 hours (half day)	\$150/4 hours (half day)
	\$300/8 hours (full day)	\$300/8 hours (full day)

\*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