

Guthrie Memorial Library - Hanover's Public Library

Application for Use of Meeting Rooms

Please complete all parts of application

This application will be confirmed when the library receives this completed form, the security deposit of \$100.00/250.00 (event specific), proof of non-profit status (if applicable) and proof of insurance (if applicable). These items must be received at least two weeks (14 days) prior to requested date. Make check payable to Guthrie Memorial Library - Hanover's Public Library and deliver to Registration Manager, Guthrie Memorial Library - Hanover's Public Library, 2 Library Place, Hanover, PA 17331.

Room Rental Fees are as follows:

<u>LOCATION (Capacity)</u>	<u>FOR-PROFIT RATE</u>	<u>NON-PROFIT RATE**</u>
John D. Bare Center (200 people) (Chairs and tables provided)	\$75 per hour	\$35 per hour
Roof (200 people) (Must supply chairs & tables)	\$75 per hour	\$35 per hour
Program Room (100 people)	\$75 per hour	\$35 per hour
Board Room (18 people)	\$25 per hour	Free
Corner Room (8 people)	\$25 per hour	Free

ADDITIONAL FEES (applies for above)

Security Deposit (Separate check that may be returned once facility has been checked)	\$100
Use of Kitchen Facilities	\$35
Events held outside normal library hours	\$40 additional per hour

LIFE EVENTS & CELEBRATIONS

Security Deposit (Separate check that may be returned once facility has been checked)	\$250
6 hours	\$500 up to 6 hours
Additional charge above 6 hours	\$75 additional per hour until midnight
Use of Kitchen Facilities	\$100
Prior Day Setup/Deliveries (Maximum 3 hours during normal operating hours)	\$75
Following Day Clean Up (Maximum 3 hours during normal operating hours)	\$75

**Non-profit Rate: Must present official documents verifying non-profit status, or for-profit rate will be charged.

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Please Print:

Applicant's Name _____

Name of Organization _____

Address _____

Work Phone _____ Home/Cell Phone _____ Fax _____

E-Mail Address _____

Room Requested _____ Approximate Attendance _____

Date(s) requested _____ Starting Time _____ Ending Time _____

Description of Meeting _____

Room set up is entirely the responsibility of the applicant in consultation with a library staff member. Necessary information includes numbers of tables and chairs and equipment needs. Applicant must call the week of the event to arrange a consultation for set up.

Will attendees be charged a fee? ___ yes ___ no

Will you be serving refreshments? ___ yes ___ no

Will you need the kitchen? ___ yes ___ no (If yes, fee for kitchen privileges may be assessed)

I have read the library's meeting room policy and will ensure that the organization that I represent will fully abide by the policy terms. I understand that permission to use meeting rooms is not transferable to other individuals or organizations, and that the library director has discretion to approve or request board review of applications.

Signature of Applicant _____

Date _____

Staff Use Only: Date Rec. _____ Calendar Checked _____

Fee \$ _____ Check# _____ Security Deposit \$ _____ Check# _____

Certificate of Insurance: Attached / N/A

Date/Initials _____