



MEETING ROOM CONTRACT AND RECEIPT

Name: _____

Address: _____

Phone: _____

E-mail: _____

Today's date: _____

Event Date: _____

Start time: _____ End time: _____

ROOM INCLUDES: 65" Smart TV, tables and chairs to seat up to 30 people, and WIFI access. There is a separately located kitchenette with a sink, stove, and microwave available for use. If you need to use a refrigerator, please let us know when reserving the room.

PLEASE LEAVE THE MEETING ROOM AS YOU FOUND IT. USERS ARE RESPONSIBLE FOR CLEANING (WIPING TABLES, DEPOSITING ANY TRASH IN THE LARGE GARBAGE CAN) AND ANY DAMAGES.

ROOM RENTAL RATE (for business organizations, fee-based services, and private parties):

- \$25/hour during normal library business hours;
- \$35/hour after business hours for additional staffing.

Payment is due at the time of reservation. A full refund will be provided if the reservation is cancelled with 14+ days advanced notice; a 50% refund will be given if an event is canceled 7-13 days in advance, and no refund will be provided if the reservation is canceled at 6 days or less prior to the event.

Total amount due: \$_____ (_____ hours @ \$25/hour; _____ hours @ \$35/hour)

Make checks payable to: **City of Sergeant Bluff**
Attn: Sergeant Bluff Public Library
503 4th Street
Sergeant Bluff, IA 51054

SIGNATURE: _____ DATE: _____

SBPL DIRECTOR: _____ DATE: _____

NOTE: Reservation not final until signed and confirmed by SBPL Director.

Thank you for your support of the Sergeant Bluff Public Library!