

B.S. RICKS MEMORIAL LIBRARY
Conference Room Reservation Request

Name of Organization/ Individual _____
 Name of Person Completing Form _____
 Daytime Phone of Person Completing Form _____
 Mailing Address of the Person Completing the Form _____

 Date Requested _____ Time _____

Note: USE OF ROOM BEFORE OR AFTER REGULAR HOURS REQUIRES PRIOR
 ARRANGEMENT AND A NON-REFUNDABLE FEE OF \$35.00.

Purpose of Meeting _____

Anticipated Attendance _____ Will you serve refreshments? _____

ITEM	COST	DATE PAID
Cash Security Deposit Required (Refundable)	\$100.00	
Non-Refundable Usage Fee	\$150.00 for 4 hours	
Non-Refundable Usage Fee	\$250.00 for 8 hours	
Non-Refundable After-Hours Fee	\$35.00	

I, the undersigned, being twenty-one (21) years of age or older, have read the meeting room policies and regulations and agree to comply therewith. I agree to be responsible to the B.S. Ricks Memorial Library for the use and care of the library property and facilities. I understand my responsibilities as the undersigned include the following:

- Remaining on the premises during the entire meeting,
- Paying for any damage to library property occurring during or in connection with the meeting,
- Enforcing the meeting room regulations,
- Cleaning up the room at the conclusion of the meeting, and
- Securing the room after the meeting by notifying library personnel that the meeting is finished.

I further agree that the library will be held blameless for any damage and/or injury to persons or property involved in the use of the meeting rooms.

Applicant Signature _____ Date _____

-----FOR LIBRARY USE ONLY-----

Date Approved _____ Date Disapproved _____
 Date Security Deposit Refunded _____ Check Number _____

This policy was adopted by the Yazoo Library Association Board of Control on March 23, 2012. Revision requires Board action.