



# Meeting Room Reservation Form

Name of Group: \_\_\_\_\_  
e.g. Antigo School, Smith Family, Boy Scout Troop #39, etc.

Purpose of the Reservation \_\_\_\_\_  
e.g. Private party, Business meeting, health care seminar, etc.

Check the room you are interested in reserving:

\_\_\_\_\_ McGinley Room (99)    \_\_\_\_\_ Kitchen (12)    \_\_\_\_\_ Game Room (6)    \_\_\_\_\_ Conference Room (6)

Select one of the following, a single reservation or a recurring reservation, and fill out the dates and times completely. **When noting the hours of use, be sure to include time for setup and cleanup. A maximum of 30 minutes will be allocated for set up and clean up between room reservations.**

**Reservations can only be placed up to 12 months in advance. Failure to contact the library concerning two unused reservations within the calendar year will result in the cancellation of future bookings. Please contact the library if you do not need a room reservation so others may use it.**

Single Reservation		Recurring Reservation	
Date:		Beginning Date:	
Beginning at what hour:	am or pm	Ending Date:	
Ending at what hour:	am or pm	Day(s) of the week:	
		Beginning at what hour:	am or pm
		Ending at what hour:	am or pm

of the room may only be allowed entrance to a room 30 minutes prior to the reservation.

Name of Contact Person for Group: \_\_\_\_\_

Street Address of Contact Person: \_\_\_\_\_

City, State and Zip of Contact Person: \_\_\_\_\_

Home Phone of Contact: \_\_\_\_\_ Business Phone of Contact: \_\_\_\_\_

Email Address of Contact: \_\_\_\_\_

### Policy Acknowledgment:

I have received a copy of the Facility Use Policy of the Antigo Public Library and hereby agree to abide by the rules and regulations included in this policy. I further agree to the following; to see that such rules and regulations are complied with and obeyed by others in the group using this facility; to assume responsibility for and to make restitution for any damage to the building or equipment during the period of rental/use which, in the judgment of the library, constitutes damage or destruction beyond normal wear and tear and intended usage; and to identify and forever hold harmless the library and library trustees, employees, and agents, from any and all claims of any kind, nature or description arising out of the use of any library facility pursuant to this application or any modification thereof.



Meeting Room Reservation Form

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Release and Waiver of Claims (please read before signing):

The undersigned hereby releases and forever discharges the City of Antigo, its officers, employees, agents and representatives from any and all actions, causes of action, claims and demands for, upon or by reason of any damage, loss or injury, which may arise or hereafter may be sustained by me as a result of my lifting or moving any tables, chairs, other furniture or equipment, etc. while using the library facility. I understand that by lifting or moving any tables, chairs, other furniture or equipment, etc., I am risking possible injury to myself.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages, which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Rental Fees (Please check what type of group you represent)

Table with 3 columns: Check one, Group, Rental Fee. Rows include 501(c)(3), tax exempt, or open to the public (None), Private gatherings or receptions / closed to the public (\$5.00/hr.), and For-profit organizations (\$20.00/hr.).

In addition, your group may want to reserve some of the following equipment and/or technology access for the additional cost(s) indicated. Please check any equipment/technology you wish the library to supply for your reservation:

Table with 3 columns: Check one or more, Equipment or Electronic Access, Fee. Rows include Laptop (must be checked out) (\$0.00), LCD Projector (must be checked out) (\$0.00), 70" Smart whiteboard, camera, tablet - videoconferencing equipment package \*\* (\$5.00), and Microsoft Surface Tablet \*\* (\$5.00).



Meeting Room Reservation Form

In order to provide a satisfactory experience with the video conferencing equipment, a library staff member will need to interview the group representative who wishes to reserve this equipment. The purpose of the interview is to determine how the equipment can best be used to meet the expectations of the group.

Use of the library’s videoconferencing equipment for two-way interactive programs, meetings, or conferences is likely to require that reservations are made far enough in advance to arrange a web conferencing connection (e.g. GoTo Meeting).

The Library staff reserves the right to determine what rental fees your group should be paying, in keeping with the Antigo Library Facility Use policy.

All fees are due at time of room booking. Requests for refunds from the city may take up to 60 days to process.

Fees Owed:

Make all checks payable to:

City of Antigo

Rental Fees	\$ _____
Equipment Fees	\$ _____
Total	\$ _____

Please initial here to acknowledge the fees owed and when they are due: \_\_\_\_\_

<b>Library Staff:</b>	
Reservation Receipt Date: _____	Checklist Completed: _____
Rental Fees Receipt Date: _____	Room Condition: _____
Demo of Lights/Equip: _____	Checked by _____ on _____