Eastern Monroe Public Library
Annual Meeting Room Form - 2027

Please complete this form and submit it to the Reference Desk
at Hughes Library or email it to reference@monroepl.org

STAFF USE

Group: _____

Date Submitted: _____

Confirmation Email: _____

Staff Initials:

Group Information

Name of group/organization: _____

My group is a(n)...

☐ **Government agency or government organization**

☐ **Registered non-profit (501(c)(3) or other)** **EIN:** _____

☐ **Informal community group.** (Run by volunteers or members, not a registered non-profit, but not operated for profit. Examples: book club, conversation group, hobby/craft group, cultural club, neighbor assoc etc.)

☐ **Local business, individual professional, or private business** *(*read meeting room policies*)*

☐ **Other/Unsure:** _____

Briefly describe your group/organization and meeting(s) purpose:

_____

_____

_____

This particular meeting is...

☐ **A regular meeting for members** ☐ **A special, public event** ☐ **Other:** _____

Any cost associated w/ attending your event/meeting:

☐ **Nothing, attendance is free**

☐ **Participants pay membership dues**

☐ **Participants pay a class, registration, or session fee**

☐ **Participants are asked for a donation**

☐ **Other:** _____

**** please see meeting room use policies ****

Your Information (The Group Representative) - Used for Booking

Group Representative Name: _____

Mailing address: _____

Email (*required*): _____ **Phone:** _____

Monroe County Library card # (*required*): _____

Contact Info for public inquiries from the community - if different

(for when library visitors call/ask about your meeting/event/ etc.)

Email: _____ **Phone:** _____

Meeting Date(s) and Time(s)

Meeting Date(s) (*please describe if recurring, ex: first Wednesdays*): **(Limited to once per month)**

_____

_____

Hughes Library Hours: **Mon--Thur: 9am-8pm Fri & Sat: 9am-8pm Sun: 12pm-5pm**

Meeting Rm Hours: **Mon--Thur: 9:15am-7:45pm Fri & Sat: 9:15am-4:45pm Sun: 12:15pm-4:45pm**

*Please note meetings are limited to once per month and to a maximum of four hours each meeting, including set up and clean up. The library **cannot** offer room access prior to your scheduled entry time or earlier than 15 minutes after library opening. All groups **must** exit the room and "check out" by their scheduled exit time. Exit times will be scheduled no later than 15 minutes prior to library closing.*

Desired room entry time for set-up: _____

(15 minutes *after* Library opening time is the earliest time)

Event time start: _____ **Event time end:** _____

Desired room exit time *after* clean up: _____

(must wrap up 15 minutes *prior* to library closing)

Room Name	Min. Attendees	Max. Attendees	Ideal Seating	Location
Board Room	3	14	3-10	1st flr, near restrooms
Pullen Room	3	14	3-10	2nd flr, across from stairs
Eisemann Room	5	20	5-16	2nd flr, near elevator
Community Room	20	100	20-80	1st floor, end of hallway

Room And Setup

Expected # of Attendees: _____ **Room Preferred:** _____

Number of chairs preferred: _____ **Number of tables preferred:** _____

Requested additional equipment (*if available*):

- ☐ **TV w/ HDMI connection**
- ☐ **Library laptop for presenting**
- ☐ **Community Rm Piano ($15 fee)**
- ☐ **Microphone (community rm only)**
- ☐ **Podium (community rm only)**
- ☐ **Other:** _____

Any other notes about your meeting(s)?

_____

_____

Awareness & Acceptance of Library Policies

PLEASE READ CAREFULLY, then initial next to each statement indicating that you understand the following:

_____ I am aware that **free** use of the Eastern Monroe Public Library's meeting room facilities is only available to non-profit groups. All such meetings must be open to the public and free of charge. Meetings of "for profit" businesses/organizations will be charged for the use of the rooms. These meetings cannot be open to the public nor can they be advertised to the public.

_____ I agree to abide by all procedures and stipulations stated in the Eastern Monroe Public Library Use of Meeting Room/ Library Facilities policy.

_____ I understand that my contact information may be used by the library staff to refer interested parties to the group I represent.

_____ I understand that there should be a representative from the group with a **library card in good standing** both to reserve the room and be present at the meeting.

_____ I agree to notify the reference desk staff in the event that a scheduled meeting must be canceled. ***Failure to notify the library of meeting cancellations in a timely manner on on two or more occasions may result in suspension of meeting room privileges.***

_____ I understand the room should be left clean and ready for the next user.

_____ I acknowledge that the library has a ***no food, snacks, or drinks policy*** in its meeting rooms. Personal, sealed beverages, such as water bottles and thermoses, are permitted. No other food or drinks may be brought into the meeting rooms.

_____ I understand that there is a minimum $50.00 maintenance fee for any extra cleaning or damage to the room.

_____ Although the library will make every effort to honor all reservations, I understand that the library reserves the right to change room schedules. **If the library closes due to weather or other emergencies, all meetings will be canceled.** Notification of library closures will be made on the Library webpage (www.monroepl.org) and Facebook page.

_____ I acknowledge that the Library **does not permit the sale, advertising, or promotion of products or services, including events involving marketing or business solicitation**, within its meeting rooms. *I understand that failure to comply with this policy may lead to the revocation of meeting room privileges.*

Indemnification of EMPL

The above-named group conducting a meeting or presenting a program on library premises will assume full responsibility for property damage or injuries sustained by its members or participants while on EMPL premises and for any harm or injury caused by its members/participants to others on the premises. The Eastern Monroe Public Library will be held harmless for such bodily injuries. Circumstances may require the library to request proof of insurance.

By signing below, I understand and accept the terms of this agreement form.

Printed Name	Signature	Date