

# CROWN POINT COMMUNITY LIBRARY MEETING ROOM APPLICATION

Requests are pending until confirmed by library staff. Payment is due two weeks before event. Refunds only given up to 2 weeks prior to event or due to Library closure. Make checks payable to Crown Point Library.

**Return application to the library or mail to:** Crown Point Library-Meeting Rooms, 122 N. Main St., Crown Point, IN 46307. Email to [mrbs@crownpoinlibrary.org](mailto:mrbs@crownpoinlibrary.org) or fax: 219-663-0403.

Organization Name \_\_\_\_\_

Is your organization non-profit?     Yes                     No                    (Documentation may be required)

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date(s) needed \_\_\_\_\_ Start time of meeting \_\_\_\_\_ Expected Attendance \_\_\_\_\_

Purpose of meeting \_\_\_\_\_

Reservation Time: Begin \_\_\_\_\_ am/pm    End \_\_\_\_\_ am/pm    (**Include time for setup and clean up**).

**All meetings must end 15 minutes before library closing time.**

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### Please select your meeting room preference:

Each room accommodates approximately 50 people. Rooms can be combined. Rooms 2 and 3 have access to a kitchenette (may be shared if both rooms are in use). Furniture available: Meeting room 1 and 3: 10 tables, 20 chairs; meeting room 2: 8 tables, 16 chairs. Additional tables and chairs are available

Tri Kappa Room (Meeting Room 1)

Meeting Room 2

Kitchenette

Meeting Room 3

Kitchenette

I need:     projector/screen     dvd player     laptop     microphone     lectern     adapter cable

To schedule an appointment for training on equipment, call 663-0270.

**Meeting room users are responsible for equipment setup, cleanup and returning the room to its original set up. Failure to do so may result in a \$25 cleaning/ set up fee and/or loss of room use privileges.**

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I have read and agree to abide by the Crown Point Community Library Meeting Room Policy:

Applicant's signature: \_\_\_\_\_

For more information, please call 219-663-0379 or email [mrbs@crownpoinlibrary.org](mailto:mrbs@crownpoinlibrary.org).

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### For library use only: date and initial

Payment received \_\_\_\_\_

Reservation confirmed \_\_\_\_\_

\_\_\_\_ cash    \_\_\_\_ check    \_\_\_\_ credit

Attendance \_\_\_\_\_

Check returned \_\_\_\_\_