

**Portage Public Library
COMMUNITY ROOM USE APPLICATION**

Bring your library card to check out Community room for every session.

- Please fill out this form completely. Missing information may cause delays in scheduling.
- An SCLS library card in good standing is required. Check in with the physical card at the library information desk just prior to the start of each scheduled session.
- An updated Community Room use application must be completed and filed at the beginning of each calendar year.
- All sessions must be community oriented and cannot be closed to the public per usage policy.
- Applications that do not clearly fit within the usage policy will be referred to the Circulation Supervisor or Library Director and must be approved prior to confirmation of Community room reservation.

Organization name _____

Responsible party _____

SCLS library card number _____

Purpose or subject of session _____

Phones (day) _____ (cell) _____

E-mail address _____

First session and regular schedule _____

Start and end time _____ Expected to attend _____

Please check the equipment you wish to use:

- Kitchenette Facility (\$10.00 fee) _____
- Laptop* _____
- Multimedia Projector* _____
- Touchscreen Smartboard* _____
- Podium _____
- Dry Erase Whiteboard _____

Total Paid _____

****Equipment must be returned to the Portage Public Library intact, clean, and in working order, along with all accessory items, parts, manuals, packaging and other materials provided when the item was borrowed. Equipment returned inoperable, unclean, or missing parts or packaging, will be assessed fees as set forth. In case of damage or loss, borrowers agree to pay the reasonable repair or replacement cost of the item. I have read, understand and accept the Community Room Use Policy. Signing the Community Room use application also consents my agreement that as the signee I am responsible to pay the library all monetary compensation due to damage, additional custodial services or any other billable reason stated in this policy.***

Signature of Responsible Party: _____

Print Name: _____ Date: _____