

**Bartow County Library System  
Cartersville Public Library  
Application for Use of Community Rooms**

429 West Main Street, Cartersville GA 30120

Phone: 770-382-5657, ext. 121 Fax: 770-386-3056 Email: info@bartowlibrary.org

*When not needed for library activities, Community Meeting Space is available for use by the public on a reservation basis.*

*Please do not notify members of your group or consider the room booked until you have received written confirmation.*

*Allow two weeks for processing of the application.*

*Payment is due with submission of application; refunds are only made if cancellation occurs two weeks prior to the scheduled event.*

<b>Group Name:</b>		
Also include how to list the reservation on the kiosk and calendar, if other than above.		
<b>Contact Person:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Second Contact Person or Local Contact:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Address of Organization:</b>		
<b>Purpose of Meeting:</b>		
<b>Room Requested (check one):</b>		
Nathan Dean Room A <input type="checkbox"/> Nathan Dean Room B <input type="checkbox"/> Nathan Dean A & B <input type="checkbox"/> Conference Room <input type="checkbox"/> Classroom <input type="checkbox"/> Computer Lab <input type="checkbox"/>		
<b>Date Requesting:</b>	<b>Time Reserved (specify a.m. and/or p.m.):</b>	
<b>Alternate Date:</b>	<b>Alternate Time:</b>	
<b>Will food be served? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Will you use the kitchenette? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<i>Alcohol may not be served without prior Library Board of Trustee approval obtained during a regular Board meeting. All conditions required by the Board of Trustees must be met and required documents and licenses presented during application to the Board of Trustees.</i>		
<b>Equipment Request</b>		
<i>The Library is not responsible for equipment failure or incompatibility. A \$20 cash or check refundable deposit is required for HDMI cable use.</i>		
Microphone <input type="checkbox"/> Lectern <input type="checkbox"/> DVD Player <input type="checkbox"/> LCD Projector <input type="checkbox"/> Sound System <input type="checkbox"/> Wireless Access <input type="checkbox"/>		
<b>Room Arrangement: (please circle the appropriate arrangement)</b>		<b>Number of Attendees:</b>
Auditorium Seating (specify number of chairs): Classroom Configuration ( specify rows and columns): Number of tables, if any, required for food/beverage service:		Horseshoe Configuration (specify number of tables & chairs): Special Configuration (specify number of tables, chairs, and arrangement):
The undersigned, on behalf of the above named organization, hereby indicates that he/she has read and agrees to comply with the policy and procedures governing the use of all Bartow County Library System Community Space. The undersigned assumes all responsibility for the preservation of order and the sole responsibility for any injury to person, damage to Library facilities or Library or personal property, or loss of Library or personal property that may result from this use. The Bartow County Library System will not be responsible for any materials, equipment, or personal belongings left in the building. Persons/Organizations holding events assume responsibility for damage to rooms, equipment, or contents.		
_____		_____
Date of application		Signature of Liable Person
Would you like to be notified of application status via:		
Phone: _____		Text: _____
_____		_____
Email: _____		Fax: _____
_____		_____

**For Library Use Only**

Taken by:	<i>Approved</i>	Notice sent	Calendar Updated	AV Equipment Booked	<i>Kitchen and/or Food Use</i>	Total Payment Received:
	<i>Not Approved</i>	/ /	/ /	Yes No		\$

