

TCL MEETING ROOM RESERVATION FORM – RESPONSIBLE PARTY**Today's Date:****Name of Responsible Party:****Address of Responsible Party:****Phone Number of Responsible Party:****Alternate Phone Number:****Date of Reservation:****Time and Duration of Reservation:****Purpose of Reservation:**

By signing this form, I agree that I have read and understand the Terrell County Library Meeting Room Policy, and I agree that I and/or my organization will abide by the terms of the policy before, during, and after our scheduled event.

Signature of Responsible Party:

TCL MEETING ROOM RESERVATION FORM – STAFF USE

GENERAL

I have received this form from the responsible party, as well as all necessary payment. The responsible party has been given a copy of the policies and cleanup checklist.

Date & Staff Initials:

FEES & RECEIPTS

Rental Fee Amount:

Cash || Check

Rental Receipt Issued?

Yes || No

Date & Staff Initials:

Deposit Amount: _____

Cash || Check

Deposit Receipt Issued?

Yes || No

KEY EXCHANGE

Date Key Distributed:

Staff Initials:

Date Key Returned:

Staff Initials:

Distributed to:

Returned to:

REFUNDS

Full Refund || Partial Refund || No Refund

Date & Staff Initials:

Refund Amount:

Refund Date:

Name of the person receiving refund:

If the refund was partial or not given, please explain why.