



**ROUND ROCK PUBLIC LIBRARY ROOM RESERVATION AGREEMENT FORM**

216 E. Main, Round Rock, Texas 78664 \* 512-218-7005 \* FAX: 512-218-7061 \* EMAIL: [tsides@roundrocktexas.gov](mailto:tsides@roundrocktexas.gov)  
[www.roundrocktexas.gov/librarymeetingrooms](http://www.roundrocktexas.gov/librarymeetingrooms)

Reservations are made on the hour or half hour **and must include set-up and re-set time.** Reservations after hours will be subject to a Library attendant being present. Hourly Rates are not prorated. **Full payment, a completed Agreement form, are the only guarantee that a room is reserved for you.**

<b>Circle room needed:</b> Room A      Room B Room C      Other _____		<b>Date(s) of use:</b> _____ <b>(Long term, use below)</b> 1 _____ 2 _____ Other: _____		<b>Time(s) of use:</b> _____ <b>Total hours:</b> _____	
• Private      • Non-profit (Tax ID# _____)      • For-profit      • Government Agency <b>ORGANIZATION:</b> _____ <b>CONTACT NAME (Must be present for reservation):</b> _____					
Address: _____			City: _____		State/ Zip _____
Work phone _____	Home phone _____	E-mail _____	<b>Name and phone of 2<sup>nd</sup> contact:</b> _____		

**FEES:** Refer to the Meeting Room fee schedule

Room	Fee	Security deposit	Equip* Y/N	Total
Room A Room B		<b>\$100.00</b> Not refunded 14 days or less prior to event		
Room C		<b>\$160.00</b> Not refunded 14 days or less prior to event		

\*Available Equipment Included: Projector, (User provides the laptop with HDMI cable. Orientation for use of equipment is required)

*I understand the terms and conditions for meeting room use as outlined in the **Guidelines for Meeting Room Use**, provided to me, and will comply with all requirements.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		Accepted by:
DEPOSIT AMOUNT: \$ _____	RENT AMOUNT: \$ _____	• Cash    • Check, # _____    • Credit Card
		Confirmed or Refunded (circle one)
DEPOSIT DATE: _____	RENT DATE: _____	• Library co-sponsored      • Waived
DEPOSIT RECEIPT #: _____	RENT RECEIPT #: _____	• Orientation completed
Cancellation date: _____ (Must be on or before the refund deadline shown above to have deposit returned)		
Cancellation Received by (check): <u>Phone</u> • <u>Mail</u> • <u>E-mail</u> •		
Cancellation Contact Info: _____		Date: _____ CR to AP for return of deposit