



ROUND ROCK PUBLIC LIBRARY SYSTEM ROOM RESERVATION AGREEMENT FORM
 216 E. Main, Round Rock, Texas 78664 * 512-218-7005 * FAX: 512-218-7061 * EMAIL: tsides@roundrocktexas.gov
www.roundrocktexas.gov/librarymeetingrooms

Reservations are made on the hour or half hour **and must include set-up time**. Hourly Rates are Not Prorated
Full payment and a completed form are the only guarantee that a room is reserved for you.

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

FEES: Circle all that apply, fill in fees which vary, then total

Room	Fee (Fee x Hrs)	Kitchen	Security deposit	Equip*	Total
Room A		\$10/hr, Max \$40	\$100.00		
Room B			Not refunded 14 days or less prior to event		
Room C		\$16/hr, Max \$64	\$160.00		
			Not refunded 14 days or less prior to event		

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

*I accept the conditions of use as stated on the **Guidelines for Meeting Room Use** provided to me and will comply with all requirements. I understand that failure to notify the library by the time limit indicated above will result in forfeiture of the security deposit, and that if other conditions, posted in each room, are not met then penalty fees will be deducted from the deposit.*

Customer: Please initial that you understand each point below

- ____ **I/my group has until _____ to cancel this reservation and complete payment on this room. (2 weeks prior to reservation)**
- ____ **After that time, I/we will LOSE the security deposit.**
- ____ I have given you times that reflect set up and clean up time. I/my group will vacate the room at the time stated above.
- ____ I/my group will bring all supplies needed for my meeting/activity. I/my group will not ask the staff for tape, scissors, etc.
- ____ If needed, equipment (Projector) has been requested. Requests on the day of the reservation will forfeit the flat fee withholding of \$50.00
- ____ I understand that alcohol may not be served and that the room should be vacated by 10:30 pm (for reserves at the end of the day).
- ____ I understand that my deposit will be cashed and that I have sufficient funds to cover the deposit.
- ____ I understand that it will take 2-4 weeks before I receive my unused portion of the deposit.

Signature _____

Date _____

FOR OFFICE USE ONLY:		Accepted by:	
DEPOSIT AMOUNT: \$ _____	RENT AMOUNT: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check, # _____
		<input type="checkbox"/> Credit Card	
		Confirmed or Refunded (circle one)	
DEPOSIT DATE: _____	RENT DATE: _____		
		<input type="checkbox"/> Library co-sponsored	<input type="checkbox"/> Waived
DEPOSIT RECEIPT #: _____	RENT RECEIPT #: _____	<input type="checkbox"/> 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> <input type="checkbox"/> <u>Mail</u> <input type="checkbox"/> <u>E-mail</u> <input type="checkbox"/>			
Cancellation Contact Info: _____		Date: _____ CR to AP for return of deposit	