

DUNEDIN PUBLIC LIBRARY  
223 DOUGLAS AVENUE  
DUNEDIN, FLORIDA 34698

Phone: (727)298-3080 Library FAX: (727)298-3088 Administration FAX: (727) 298-3488  
2016 2016

## *Community Meeting Room Application*

Official Name of Group: \_\_\_\_\_

Date of Application: \_\_\_\_\_

First Time Applicant? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Date and Time Requested: List the exact dates on this form. The “reserved time” should allow for your set-up and clean-up time. All occupants **must** vacate the Community Meeting Room prior to the Library closing time.

<u>Month</u>	<u>First Choice</u>	<u>Second Choice</u>	<u>Month</u>	<u>First Choice</u>	<u>Second Choice</u>
January, 2016	_____	_____	July, 2016	_____	_____
February, 2016	_____	_____	August, 2016	_____	_____
March, 2016	_____	_____	September, 2016	_____	_____
April, 2016	_____	_____	October, 2016	_____	_____
May, 2016	_____	_____	November, 2016	_____	_____
June, 2016	_____	_____	December, 2016	_____	_____

Reserved Time: \_\_\_\_\_ Actual Meeting Time: \_\_\_\_\_

Purpose/Plan for room use: \_\_\_\_\_

Number attending Meeting: \_\_\_\_\_

Will light refreshments be served? Please describe: \_\_\_\_\_

The Meeting Room must be put back into the original set-up after your meeting – this is the responsibility of the reserving group. A copy of the room set-up is posted on the wall by the doors.

***(There may be Children’s Programs, Adult Programs or other meetings in the adjacent meeting rooms at the same time as your meeting. With that, there is the possibility of noise filtering into your meeting.)***

The following equipment may be available for use in the meeting room: 60 chairs, 10 tables, screen on wall. The ceiling-mounted Projector is not available for public use.

**Note:** Library Staff will not be available to assist you with the room set-up or usage at the time of your meeting.

**The Community Meeting Rooms may be available for use at no charge to tax-exempt non-profit groups or organizations during the following hours:**

- Monday 9:30am to 7:45pm
- Tuesday Room is closed
- Wednesday 9:30am to 7:45pm
- Thursday 12:30pm to 5:45pm
- Friday 12:30pm to 5:45pm
- Saturday 9:30am to 4:45pm
- Sunday Room is closed

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Name of Group: \_\_\_\_\_

Group Representative's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Representative's Phone Number: \_\_\_\_\_

Contact person's name and phone number (if different from above name): \_\_\_\_\_

**\*\*Contact Person's Pinellas Cooperative Library Card Number \*\*:** \_\_\_\_\_

**(\*\* This information must be supplied before a reservation can be confirmed.)**

The undersigned hereby assumes personal liability and responsibility for the individual behavior of persons in attendance, damage to the facility, personal and property damage and any and all other costs or charges arising from the use of this facility.

The undersigned expressly indemnifies and agrees to hold the City of Dunedin harmless from any and all liabilities or costs arising from use of this facility including attorney fees and costs at trial and appellate levels.

The undersigned acknowledges that all programs at the Library must be free and open to the public and hereby certifies that this is a non-profit group to which no distribution of any income is made to members.

**SIGNATURE:** \_\_\_\_\_

For office use only:

This Community Meeting Room reservation has been: \_\_\_\_\_Approved \_\_\_\_\_Denied

By: \_\_\_\_\_

If applicable, give reason for Denial: \_\_\_\_\_

Confirmation letter sent? \_\_\_\_\_Yes \_\_\_\_\_No U.S. Mail: \_\_\_\_\_ Faxed: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_