

DUNEDIN PUBLIC LIBRARY
223 DOUGLAS AVENUE
DUNEDIN, FLORIDA 34698

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

2017

2017

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 15 minutes prior to the Library closing time.

(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.)

<u>Month</u>	<u>First Choice</u>	<u>Second Choice</u>	<u>Month</u>	<u>First Choice</u>	<u>Second Choice</u>
January, 2017	_____	_____	July, 2017	_____	_____
February, 2017	_____	_____	August, 2017	_____	_____
March, 2017	_____	_____	September, 2017	_____	_____
April, 2017	_____	_____	October, 2017	_____	_____
May, 2017	_____	_____	November, 2017	_____	_____
June, 2017	_____	_____	December, 2017	_____	_____

Reserved Time: _____ Actual Meeting Time: _____

Purpose/Plan for room use: _____

Number attending Meeting: _____

Will light refreshments be served? Please describe: _____

(Before vacating the room, the room must be cleaned up and all garbage must be disposed of in the garbage container provided.)

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.

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 & Sunday	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

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Name of Group: (Please print) _____

Representative's Name: (Please print) _____

Mailing Address: (Please Print) _____

City / State / Zip Code: (Please Print) _____

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: _____