

**BREVARD COUNTY LIBRARY SYSTEM
REQUEST FOR USE OF MEETING ROOM**

To be filled out by party requesting reservation

Name of Organization _____

Purpose or Nature of Meeting _____

Approximate Attendance _____

Date/s of Program _____

Start Time: _____ End Time: _____ Please indicate a.m. or p.m.

I agree notice of the meeting(s) will be posted by our organization and/or the library. I understand this notice shall be posted seven (7) days in advance and shall include the following statement:

According to requirements of the American Disability Act (ADA), organizations using library meeting rooms may be required to provide special accommodations for those citizens requesting assistance within 48 hours of the scheduled meeting time. Organizations are required to provide hearing devices and/or make special arrangements at the citizens' request.

I understand that if the Library Director approves a meeting to be held after the library is closed, there will be a \$60.00 charge for use of the meeting room. Meetings held when the library is closed are limited to three hours in duration.

(\$10.00 extra if library equipment is needed)

Is assistance setting up electronic or other equipment needed? Please Check One: Yes No

I understand the Library will collect 10% of fees charged by instructor after each class.

Performers shall be solely responsible for obtaining appropriate licensing or permission to use, play, or perform copyrighted music. The performer agrees to indemnify and hold harmless the County from damages for unauthorized use or performance of copyrighted music.

I hereby affirm that I have read and understand the regulations governing the use of the library meeting room. I, as the representative of the group, accept responsibility for any damage incurred to the library or its furnishings as a result of this meeting or of negligence in securing the building, and I am responsible for this compliance.

Signature _____

Please print information below:

Name _____

Address _____

City _____ State _____ Zip Code _____

Business Telephone _____ Residence Telephone _____

Email address _____

Driver's License Number _____

FOR OFFICE USE ONLY

Date Received _____ Hour Received _____

Approved: _____ Disapproved: _____

Updated: 2/17/2021