

MEETING ROOM RESERVATION REQUEST

1. Individual Completing Form:

NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS _____

2. Responsible adult: ☐ Same as above ☐ Different If **SAME AS ABOVE**, skip to #3. If **DIFFERENT**, please fill in.

NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. Group Represented: If N/A mark here _____ and skip to #4.

GROUP NAME _____ CONTACT PERSON _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

4. Please mark one of the following:

☐ Haltom City Govt. ☐ Haltom City Non-Profit ☐ Haltom City Resident ☐ Haltom City Business
☐ Other Government ☐ Other Non-Profit ☐ Other Resident ☐ Other Business

5. Meeting Room Reservation Date/s: (Please fill out completely):

DATE _____ DAY _____ TIME _____ # OF HOURS _____
Will admission charges, dues, sales or free-will offerings be made or required for participation in any meeting of function held in the Meeting Room? ☐ YES ☐ NO If yes, please explain: _____

6. Reservation specifications: (SEE #10 FOR TOTAL FEES)

FULL ROOM _____ HALF ROOM _____ BOARD ROOM _____
KITCHENETTE (for meeting room only) ☐ YES ☐ NO

7. Acknowledgements (Please fill out completely):

I have read the attached Statement of Agreement & Meeting Room Policies. ☐ YES ☐ NO
I understand & agree to abide by the Policies. ☐ YES ☐ NO I agree to pay all deposits* and charges. ☐ YES ☐ NO
I agree to leave the Meeting Room clean, neat and without damage after my event. ☐ YES ☐ NO

***Deposit must be paid separate from room fees and must be cash or check only.**

8. Signatures:

SIGNATURE OF RESPONSIBLE ADULT DATE

9. Furniture Requests:

Tables : Long (slim, tan) # _____ Round # _____ Café Tables # _____
Chairs # _____ Podium _____

STATEMENT OF AGREEMENT

All deposits and fees, in full, are due fourteen days prior to the use date. Decorating, set-up, and clean up time must be included in your reservation time. Renters are **not** allowed into rooms early and will forfeit their deposit if they go over their designated rental time.

Children and guests must remain with the rental group at all times. No amplified music, bands, or DJs are allowed without permission from the Library.

Renters are required to clean the facility at the conclusion of the rental.

This form is proof of payment for your reservation. Please take it with you on the day of your reservation. Cancellations will only be refunded if the Library is notified at least 72 hours prior to use date. If you have any problems, you may contact the Library during regular business hours at 817-222-7790. In case of emergency, dial 911, or contact the Haltom City Police Department at 817-222-7000.

I understand that my use of the facility is entirely voluntary. I ASSUME RESPONSIBILITY FOR THE ACTIVITIES OF MYSELF AND EVERYONE INVOLVED IN MY PARTY. In consideration of my use of the facility, I release and discharge the City of Haltom City, all City departments, employees, vendors, volunteers, and instructors from any and all claims, demands, actions, or causes of action, and from any and all liability for loss of property, damage, or personal injury of any kind, nature, or description, that may arise or be sustained by me or my party attendees, during or related to my use of the facility, my presence in or about the facility, or my participation in its activities. This release shall be binding upon my heirs, administrators, executors, and assigns.

Signature: _____

Date: _____

10. FOR HCPL USE ONLY:

Meeting Room use approved ☐ YES ☐ NO BY _____

Deposit amount \$ _____ Date Paid _____ Deposit made via ☐ CASH ☐ CHECK CK# _____

Total Charges \$ _____ All Charges Due By _____ Date Paid _____

Charges paid via ☐ CASH ☐ CREDIT ☐ CHECK CK# _____

Date room was inspected _____ By _____ Was room clean/neat/damage free? ☐ YES ☐ NO

Elaborate on room discrepancy, if applicable. _____

Recommended for future use? ☐ YES ☐ NO

Deposit refund made ☐ YES ☐ NO Amount refunded \$ _____ By Staff Member _____

Refund ☐ MAILED ☐ PICKED UP REFUND P/U BY _____ DATE _____