

# MEETING ROOM REGISTRATION FORM

**T. B. SCOTT FREE LIBRARY** 106 W. First St., Merrill, WI 54452

Phone: 715-536-7191

Fax: 715-536-1705

Date(s) requested: \_\_\_\_\_ Day(s) of week: \_\_\_\_\_

(Reservations will be accepted 3 months in advance. Further in advance, conditional reservations may be accepted, with the understanding that rescheduling or canceling of conditional bookings is possible.)

Time of room reservation: From \_\_\_\_\_ to \_\_\_\_\_; Meeting start time: \_\_\_\_\_  
(Meeting must be concluded and all clean up completed before library closing, unless prior arrangements are made. Arrangements for meeting room use before or after library hours must be made prior to the meeting day.)

## Room Requested (check one):

Board Room     Community Room     Story Hour Room (Register in the Youth Services Department.)

## Contact Information:

(Please Print)

Primary Contact Person: \_\_\_\_\_  
(Must be age 18 or older)

Representing (organization): \_\_\_\_\_

Organization is a (check one):     Non-profit organization     For-profit organization

Primary Contact Address: \_\_\_\_\_ Phone : \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_  
(Must be age 18 or older)

Alternate Contact Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Meeting Information:

Describe the nature of the meeting (continue on the back if necessary): \_\_\_\_\_

Approximate number of attendees: \_\_\_\_\_ Equipment needed: \_\_\_\_\_

Will light refreshments be served?     Yes\*     No    \*Note: You or your organization are responsible for providing food, cups, serving utensils, etc., as well as clean up. Kitchen facilities are available for public use. A charge (minimum \$25) may be assessed if premises are not left in satisfactory condition.

## Room Fees:

\$10 per meeting (due only if your group has already used a meeting room twice in January through June, or July through December—otherwise free).

Room fees are due on the meeting date; organizations must be current on room fees to make future reservations. Make check to: *T. B. Scott Library*. Send to: *Bookkeeper, T. B. Scott Library, 106 W. First St., Merrill, WI 54452*.

## Agreement to Meeting Room Policy:

I have read the library's Meeting Room Policy and agree to follow the rules contained in the policy.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

RETURN THIS COMPLETED & SIGNED FORM TO THE LIBRARY TO RESERVE A ROOM FOR YOUR ORGANIZATION  
You may deliver, mail, fax (715-536-1705), or email ([director@tbscottlibrary.org](mailto:director@tbscottlibrary.org)) this form to the library.