

Heritage Public Library 52 Fourth Street McDonald, PA 15057

PH: 724-926-8400 FAX: 724-926-4686

URL: http://www.washlibs.org/heritage Email: heritagelibrary@comcast.net

Meeting Room Application

| | Rental fee is \$50.00. This is due when the reservation is made. A security deposit of \$50.00 is also due when reservation is made. Please see attached page for return of deposit. | | | | | |
|----|--|--|--|--|--|--|
| 3. | Room will be reserved only after the two payments are made. | | | | | |
| | Please read and take with you the attached meeting room policy sheet. | | | | | |
| | | | | | | |
| | APPLICANT'S NAME: | | | | | |
| | ADDRESS: | | | | | |
| | ORGANIZATION | | | | | |
| | PHONE:DATE NEEDED: | | | | | |
| | TIME OF EVENTPREP TIME | | | | | |
| | | | | | | |

ROOM KEY MAY BE PICKED UP AFTER DEPOSIT AND ROOM FEE ARE PAID AND NO MORE THAN ONE WEEK BEFORE EVENT

I have read and agree to follow the attached "Meeting Room Policy". I agree to assume responsibility for any damage and will leave the room in a neat and clean condition. SIGNATURE OF APPLICANT:

| DATE: | | STAFF INITIAL | S: | | | | |
|-------------------|-----------------|---------------|------|--|--|--|--|
| STAFF USE ONLY: | | | | | | | |
| \$50 DEPOSIT RECE | EIVED BY | CHECK # | DATE | | | | |
| ROOM RENTAL RI | ECEIVED BY | CHECK# | DATE | | | | |
| P/U KEY # | STAFF INITIALS_ | DATE | | | | | |
| RETURNED KEY # | STAFF IN | NITIALS | DATE | | | | |