



SUN PRAIRIE PUBLIC LIBRARY

1350 Linnerud Drive
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FAX (608) 825-3936
www.sunprairiepubliclibrary.org

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Organization: _____

Contact: Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Community Room: ___ Conference Room: ___

Date of Meeting: _____ Start Time: _____ End time: _____ Number Attending: _____

Describe activity planned in detail: _____

Please check the equipment you wish to use:

- | | | |
|--|--|--|
| <input type="checkbox"/> Kitchen (Community Room only) | <input type="checkbox"/> Data Projector | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Coffee Pot ___ 30 cup ___ 100 cup | <input type="checkbox"/> Slide Projector | <input type="checkbox"/> No Equipment Needed |
| <input type="checkbox"/> Blackboard/Bulletin Board | <input type="checkbox"/> Cassette Player | |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Cordless Microphone | |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Video/DVD Player/TV | |
| <input type="checkbox"/> Podium with Microphone | <input type="checkbox"/> Remote Controls for above items | |

My organization/group will be responsible for the repair or replacement of any damaged or missing equipment and for damage to the facility and any extra cleaning required.

My organization/group agrees to meet ADA (Americans With Disabilities Act) requirements and to provide accommodations for its meeting or program. The agreement to provide accommodations will be included in the publicity or notices for the meeting, with wording as suggested in the guidelines for using the meeting rooms.

Signed: _____ Dated: _____

Security Deposit Received: \$ _____ Rental Fee Received: \$ _____

Received policy: _____ Date confirmed: _____ Staff initials: _____

Security Deposit Returned:

Date returned: _____ Will not be returned: _____ (Specify why: _____)

Deposit returned to: _____ In person: _____ Mail: _____ 2/20/08

NOTE: Reservation is NOT confirmed until deposit/payment has been made and approval is given.

Checklist for Meeting Rooms

You will need to check the following items and furniture after each meeting. (Furniture for scratches, marring and soiling. Walls and carpet for damage and exceptional soiling. Check equipment for damage and for parts and pieces.)

ROOM

Damage

Cleaning

Community Room

Chairs
Tables
Walls
Carpeting
Stage/lights and amplifier switches
Flag and stand
Equipment
 TV cabinet
 Extension cord
 TV and remote
 VCR/DVD and remote
 Slide projector
 VCR projector
Bulletin Board/Chalk Board
White Board/Flip Chart
 Dry markers, eraser and cleaning supplies
Podium and extension cord
Projector screen
Cabled microphone
Cordless microphone
Two piano benches
Piano and cover

Community Room Kitchen

Microwave
Refrigerator
Equipment
 Coffee Pots (3 of them)
 Extension cord
 Lantern (under sink)

Conference Room

Chairs – upholstered (lowered to fit under table)
Chairs – wooden (check legs and seats)
Table
Walls
Carpeting
White Board
Equipment
 TV cart
 TV and remote
 VCR/DVD and remote
Dry markers and eraser
Extension cord
Tape recorder and cassettes
Flashlight
Architect building model
Scrapbook
Table centerpiece
Two coffee carafes
Three water carafes

Date: _____

Checked by: _____

Damage noted: _____

Check returned: _____

Referred to Director: _____

Staff initials: _____ 2/18/08