



## Meeting Space Request Form

Name of Organization \_\_\_\_\_

Tax Status (exempt, non-profit, other) \_\_\_\_\_

Contact Person Telephone(s) \_\_\_\_\_

Contact Person Address \_\_\_\_\_

Meeting space desired \_\_\_\_\_

Number expected to attend \_\_\_\_\_

Dates for use of space \_\_\_\_\_

Time of meeting \_\_\_\_\_ : \_\_\_\_\_ AM / PM to \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Fee or admission charged for program? (circle) **Yes** **No**

Will donations be requested to cover the cost of the program? (circle) **Yes** **No**

Will your meeting include selling, solicitation, or taking of orders? (circle) **Yes** **No**

Kitchen facilities required? (circle) **Yes** **No**

Special requirements \_\_\_\_\_

Electrical equipment to be used (*equipment will not be provided by Kingston Library*)

**The organization and contact person named above agree to be responsible for any damage to the library facilities and/or equipment.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

### **Fees for Use of Meeting Space**

For meetings held when the library is closed, or requiring unusual efforts on the part of the staff, a fee of \$15.00 or more per occasion may be charged. **Fee Total:** \_\_\_\_\_

*Space below is for Library use.*

Booking done on \_\_\_\_\_ by \_\_\_\_\_

Payment received \_\_\_\_\_ Check number \_\_\_\_\_