



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:** _____

Acceptance of the above application is contingent upon approval of The Kingston Library Board of Trustees.

Space below is for Library use.

Booking done on _____ by _____

Payment received _____ Check number _____