

# MEETING ROOM AGREEMENT AND APPLICATION

## WALLER COUNTY LIBRARY SYSTEM

This Agreement includes and incorporates the conditions of MEETING ROOM AGREEMENTS attached or on file at the Waller County Library System front desk and all applicable Waller County Rules and Regulations, and federal, State, and local laws.

Organizations are identified as individuals, for non-profit organizations, and governmental entities who hold a function and require use of the Waller County Library System Meeting room.

Non-profit is defined as any religious, charitable, social, educational, or civic group which does not distribute profits or dividends to the members thereof, and where profit is not its primary objective. Security Deposits shall not be waived.

A \$100.00 deposit is required. Deposit will be returned if meeting room is clean and no damage has been detected.

**The following are strictly prohibited:**

- Smoking
- Alcohol
- Nails, tacks, holes, tape, or adhesives of any kind, or any other form of attachment applied to the walls, ceiling, floors, counters, or other surfaces of the building
- Glitter, rice, or confetti
- Bounce houses, trampolines, and similar items
- Barbeque pits
- Candles
- Gambling, nudity, and profanity

Organization will be responsible for picking up a key the day before or day of event if the facility will be used during after hours.

The application can be faxed, emailed, or brought in person.

<b>Hempstead Branch</b> <b>2331 11<sup>th</sup> St</b> <b>Hempstead, TX 77445</b>	<b>Brookshire Pattison Branch</b> <b>3815 6<sup>th</sup> St</b> <b>Brookshire, TX 77423</b>
<u><b>Phone Number:</b></u> 979-826-7658  <u><b>Fax Number:</b></u> 979-826-7659  <u><b>Email:</b></u> wallercountylibrary@gmail.com	<u><b>Phone Number:</b></u> 281-375-5550  <u><b>Fax Number:</b></u> 281-934-3516  <u><b>Email:</b></u> brookshirepattison@gmail.com

# Meeting Room Application

My signature verifies that I have fully read the user agreement as well as the conditions of the meeting room agreement, and I agree to and do accept full responsibility to abide by these conditions as well as all other applicable and regulations. I agree to accept full liability for damages that I or my organizations casues. I understand that failure to comply with the Meeting Room Policy may result in a loss of meeting room privileges.

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Non-Profit Organization: Yes No

Tables and chairs? Yes No If Yes, # of Tables \_\_\_\_\_ # of Chairs \_\_\_\_\_

## Event Times:

Event Dates: \_\_\_\_\_

Event Times: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Event is Providing Food at Event: Yes No

Organization's representative:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reservations: A security deposit of \$100.00 must be paid in full and a signed "Meeting Room Application" must be submitted to secure a reservation. **ONLY CASH WILL BE ACCEPTED.**

### OFFICE USE ONLY:

Deposit \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by Initials \_\_\_\_\_

Amount of Deposit Returned \$ \_\_\_\_\_ Date \_\_\_\_\_

Deposit Returned To: \_\_\_\_\_ Returned by Initials \_\_\_\_\_

Form expires a year from date signed