

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 with proper paperwork of the organization. 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.

Hempstead Branch 2331 11th St Hempstead, TX 77445	Brookshire Pattison Branch 3815 6th St Brookshire, TX 77423
<u>Phone Number:</u> 979-826-7658 <u>Fax Number:</u> 979-826-7659 <u>Email:</u> wallercountylibrary@gmail.com	<u>Phone Number:</u> 281-375-5550 <u>Fax Number:</u> 281-934-3516 <u>Email:</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, other than those caused by natural disasters or an act of God.

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Official Organization Name: _____

Non-Profit Organization: Yes No Non-Profit EIN: _____

Tables and chair? 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, a signed "Meeting Room Application" and proper paperwork of the organization 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 _____