

Meeting Space Contract Jackson County Public Library Complex



Please read the Fontana Regional Library Meeting Space Policy prior to completing this form.

Group/ Individual Requesting Meeting Space _____

Address _____

Phone Number _____

Name and Location of Meeting Space Needed _____

Charges for excessive damage to the meeting space or for additional cleaning will be billed to the person who signed the meeting space contract. Additional fees will be assessed for special services in accordance with local library guidelines and procedures.

PLEASE CHECK INDIVIDUAL LIBRARY FOR BOOKING SPECIFIC EQUIPMENT OR SPACE

Before a meeting space is confirmed the person responsible must pay a non-refundable deposit equal to 50% of the total estimated meeting room fees. The balance of the meeting room fee must be paid in full by the last business day before the event.

Fee For Use of Meeting Space: Check appropriate category.

____ Community or Non-Profit Group/Individual: No fee

____ Community or Non-Profit Group/Individual Fundraiser: Use up to 4 hours, \$25 per event
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

____ Community or Non-Profit Group/Individual Fundraiser: Use up to 8 hours, \$50 per event
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

____ Private Event or Event Sponsored by For-Profit Individual: \$300 per event
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

____ Event Sponsored by For-Profit Organization: Use up to 4 hours, \$75 per event
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

____ Event Sponsored by For-Profit Organization: Use over 4 hours, \$150 per event
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

I, _____, on behalf of myself or my organization, have read and will comply with all the procedures in the Fontana Regional Library Meeting Space Policy.

Signature _____ Date _____

Library Staff Confirmation _____