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 _________________________________________________________

Revised 11/10/2015