Program Room Use Agreement Paw Paw District Library 609 W Michigan Ave Paw Paw, MI 49079 269-657-3800 www.pawpawlib.org

Date of Application:	
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Applicant Name:			
Name of Applicant Organization:			
Address:	City:	State:	Zip:
Contact Phone: (Business)	(Home)	(Cell)_	
Contact E-Mail Address:			
Use Purpose: Circle if: For Profit (fee) Requested Date (no more than 3 mo	Social Even	t (fee)	
Arrival Time:am/pr clean-up times)	m Departure Time	am/pr	m (Includes set-up and
Total Estimated Attendance: Requested Room: South North B Applicant must supply own laptop as Applicant Signature and Time of Arr	oth (100 persons maximum nd cables (VGA or HDMI)	to use Projector.	
Applicant Signature and Time of De	parture		
Deposit Due*:	(For	Food and/or Beverag	e)
Total Fees Due*:*Deposit/Fee Details & Worksheet of The Applicant Agrees: 1. That they have received a condition District Library and that the pagreement. (Initials) 2. That the Program Room shall and including, cleaning tables locations. (Initials) 3. To be held jointly or severally A certificate of insurance, if reference in the Applicant's use of the Library and all claims, demands the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and service in the Applicant's use of the Library and that the pagreement.	on Back opy of the Program Room policies have been read ar libe returned to the condi s and chairs, emptying ga responsible for any dam equired, is to be submitted less the Paw Paw District , cost, loss, damage, expe	tion it was at the time of rbage, and returning to age to the facility, equi d at the time of deposit Library, its officers, bo ense, attorney fees and	made a part of this of occupancy, up to ables/chairs to original pment or furnishings. (Initials)
Applicant Signature:			
Library Director or Designee Approv	<i>r</i> al:		

Deposit and Fees Worksheet

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Deposit: Food and/or Beverage \$200

Fees:

For Profit Use \$250 x hours = \$ Social Event \$50 x hours = \$ Total Fees \$