

Application for Meeting Room Use



Name of Group: _____
Description of Group: _____
Topics/Speakers for Meeting: _____
Date/Time Requested: _____
Expected Attendance: _____

Authorized Representative of Group: _____
Title: _____
Address: _____
Telephone: _____
Email: _____

<input type="radio"/> Location: Mezzanine Room Bowmanville Branch 163 Church St.	Capacity: 30 people Includes chairs, tables, & wall-mounted screen	Not-for-profit groups: \$40 for 1-4 hour period \$80 for 4-8 hour period	Other groups: \$60 for 1-4 hour period \$120 for 4-8 hour period
<input type="radio"/> Location: Community Room Newcastle Branch 150 King Ave. E.	Capacity: 40 people Includes chairs, tables, & wall-mounted screen	Not-for-profit groups: \$40 for 1-4 hour period \$80 for 4-8 hour period	Other groups: \$60 for 1-4 hour period \$120 for 4-8 hour period

Hours of availability may be found at www.clarington-library.on.ca.

Payment may be made at the Bowmanville Branch by cash, cheque, VISA, Mastercard, AMEX, or Debit within five (5) days of receiving confirmation of your room booking.

I have read the policy and guidelines governing the use of the meeting room and agree to abide by them. As the authorized representative of the aforementioned group, I agree to indemnify and save harmless the Library against any and all claims of any nature, kind and costs which may arise out of the group's use of the facilities. I understand that I am responsible to pay the costs for any loss or damage to any Library property arising out of our occupancy.	
Name/Title:	_____
Signature:	_____
Date:	_____

Completed form may be returned to the Bowmanville Branch
in person or faxed to 905-623-8608.

Please attach any promotional material about your organization or event.

For additional information, please contact the Meeting Room Coordinators
Lina Shetler or Cindy Duffey at 905-623-7322 x2716

*Clarington Public Library is the rental agent only and is not participating
in or endorsing the program or event covered by the permit use.*

STAFF USE ONLY

Date of booking: _____

STAFF SIGNATURE FOR APPROVAL:

Date of payment: _____

Amount paid: _____

Details/Comments:

\$25.00 charge for NSF + \$10.00 handling charge