



**FORT BEND COUNTY LIBRARIES**  
**Bob Lutts Fulshear/Simonton Branch Library**

8100 FM 359 S / POB 907 • Fulshear  
 PH: 281-633-4675 • FAX: 281-345-1265

\_\_\_\_\_  
 Today's date

**APPLICATION FOR USE OF MEETING ROOM**

Please answer all questions below, fill out the room information on the back, then sign and date the application. ***This room reservation will not be confirmed until the library calls to inform you of that.***

1. Name of organization \_\_\_\_\_

2. The undersigned representative of the organization agrees that this meeting will be held in accordance with the regulations set up by Commissioners Court concerning the use of the library's meeting rooms. Any charges incurred will be billed to this person. The person responsible for making a meeting room application will be considered the official contact person for the group.

Name \_\_\_\_\_

Title in organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Meeting topic \_\_\_\_\_

3. Meeting DATE \_\_\_\_\_

4. ACTUAL TIME of meeting \_\_\_\_\_ to \_\_\_\_\_

5. SET-UP TIME \_\_\_\_\_ to \_\_\_\_\_

6. Approximate NUMBER EXPECTED \_\_\_\_\_

7. Will food be served? \_\_\_Y \_\_\_N Will it be catered? \_\_\_Y \_\_\_N

***Please fill out the room information on the back.***

**I have read and agree to adhere to the library's Meeting Room Policy.**

**Signature** \_\_\_\_\_

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**FOR STAFF USE**

Date rec/d \_\_\_\_\_

Date group notified \_\_\_\_\_

Staff initials \_\_\_\_\_

Branch Manager \_\_\_\_\_

## MEETING ROOMS AVAILABLE AT BOB LUTTS FULSHEAR SIMONTON BRANCH LIBRARY

Room, furniture and equipment available at Bob Lutts Fulshear / Simonton Branch Library Meeting Room follows. **You are responsible for the set-up and clean-up of the room.**

**Please fill in below the quantity for all items you will need**

- |  |   |
|--|---|
| <input type="checkbox"/> chairs (60 maximum)           | <input type="checkbox"/> easel (1 only)                 |
| <input type="checkbox"/> 6-ft. tables (7 maximum)      | <input type="checkbox"/> lectern (1 only)               |
| <input type="checkbox"/> coffee pots (40-cup capacity) | <input type="checkbox"/> whiteboard/flip chart (1 only) |

## AUDIOVISUAL EQUIPMENT AVAILABLE

*Please check all that you will need*

- TV/VCR
- video/DVD projector
- transparency projector
- portable PA system, with microphone
- wireless lapel (1 only)
- wired handheld (1 only)
- laptop (Please fill out separate form)

Any group planning to use audiovisual equipment will be instructed in its use by library staff. Tentative bookings will be made at the time of application, but **final confirmation will not be made until the person signing below contacts the library for instruction.**

## APPLICANT AGREEMENT

I understand that I must make final confirmation with the Adult Services staff (281-633-4682) at least **24 hours** before our meeting, or equipment may NOT be available. **If any assistance is needed in setting up equipment or involves computer-related equipment, I will make arrangements with the Adult Services Staff at least 48 hours prior to the meeting time.** I understand that I will be responsible for and must make good any damage to the library's equipment while it is in my use. I further understand that use of video-projection equipment must cease at least 30 minutes before the library closes, to allow for shutdown procedures.

**Signature** \_\_\_\_\_