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

8100 FM 359 S • Fulshear
Phone: 281-633-4675 • Fax: 832-471-2452
Email: fspublic@fortbend.lib.tx.us



## **AUDIOVISUAL USAGE AGREEMENT**

This reservation will not be confirmed until the library contacts you.

Any guest-group wishing to use audiovisua Department. Tentative bookings of equipme		
Name of Organization		
Name of member using equipment		
Name of contact person (if different)		
Telephone number	Cell	
Email		
ROOM AND EQUIPMENT Check all listed equipment you will need in  TV / VCR Video / DVD projector (You must provide adapters if using a person Laptop (separate form) Microphone Wired microphone Wireless lapel microphone		
APPLICANT AGREEMENT I understand that if any assistance is ne equipment, I will make arrangements withe meeting time. I understand that I will library's equipment while it is in my use. ment must cease at least 30 minutes	ith the Adult Services Departi Il be responsible for and mus . <b>I further understand that u</b>	ment at least 48 hours prior to t make good any damage to the use of video-projection equip-
Signature of person completing this	application form	Date
Please notify the Adult Services Department of any problems with equipment.		

 $\square$  Y  $\square$  N

Date rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_

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

Calendar Entry \_\_\_

07/20

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

Date approved \_\_\_\_\_