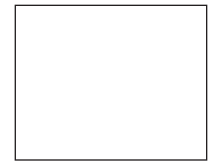**FORT BEND COUNTY LIBRARIES**
Mission Bend Branch Library
8421 Addicks Clodine Rd. • Houston
Phone: 832-471-5900 • Fax: 832-471-2457
Email: mbpublic@fortbend.lib.tx.us

AUDIOVISUAL USAGE AGREEMENT

Today's date

Any guest-group wishing to use audiovisual equipment will be instructed in its use by the Adult Services Department. Tentative bookings of equipment will be made at time of application.

Name of Organization _____

Name of member using equipment _____

Name of contact person (if different) _____

Telephone number _____ Cell _____

Email _____

ROOM AND EQUIPMENT
Check the room you wish to reserve and check all listed equipment you will need in the room you are booking

☐ **Meeting Room** (you set up/take down)

__ Laptop (separate form)
__ DVD / Blu-Ray player
__ Video projector
__ Microphone(s)
  ☐ Wireless lapel microphone
  ☐ Wireless hand-held microphone
__ CD player

☐ **Conference Room (permanent set-up)**

__ Laptop (separate form)
__ Video monitor (for laptop connection)

Please turn to the back of this page and complete filling out the form.
Your signature is required under "Applicant Agreement."

APPLICANT AGREEMENT

I understand that if any assistance is needed in setting up equipment or involves computer-related equipment, I will make arrangements with the Adult Services Department 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 of person completing this application form   **Date**

Please notify the Adult Services Department of any problems with equipment.

— —

FOR STAFF USE

Date rec'd _____   Time rec'd _____   Rec'd by _____   Date group notified _____

Branch Manager Approved _____   ☐ Y ☐ N   Date approved _____

Calendar Entry _____

07/20