



**FORT BEND COUNTY LIBRARIES**

**George Memorial Library**

1001 Golfview Drive • Richmond

Phone: 281-341-2605 • Fax: 832-471-2450

Email: [gmpublic@fortbend.lib.tx.us](mailto:gmpublic@fortbend.lib.tx.us)

Today's date

## AUDIOVISUAL USAGE AGREEMENT

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

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.

**Audio Visual set-up is unavailable on Sundays.**

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**

☐ **Room 2A**

☐ **Room 2C**

☐ **Room 2B**

☐ **Room 2D**

\_\_\_ Laptop (separate form)

\_\_\_ Video Projector

(You must provide adapters if using a personal laptop)

\_\_\_ Transparency Projector

\_\_\_ Screen

\_\_\_ Sound / Audio

\_\_\_ TV

\_\_\_ DVD Player

\_\_\_ Blu-Ray Player (Meeting Room only)

\_\_\_ VCR (Meeting Room & Room 2C only)

\_\_\_ Phone (2 maximum)

\_\_\_ Easel (2 maximum)

\_\_\_ Dry-erase Board (bring your own markers/eraser)

\_\_\_ Microphone(s)

\_\_\_ Wired microphone (Meeting Room only)

\_\_\_ Wireless lapel microphone (Meeting Room only)

\_\_\_ Wireless hand-held microphone (Meeting Room only)

\_\_\_ Microphone Stand

☐ Floor Stand

☐ Tabletop Stand

\_\_\_ Slide Advance Remote

\_\_\_ Phone (2 maximum)

\_\_\_ Easel (2 maximum)

\_\_\_ Dry-erase Board (bring your own markers/eraser)

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

(cont)

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### 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 AV 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 Audiovisual 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 \_\_\_\_\_