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

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 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 ___________________________