



FORT BEND COUNTY LIBRARIES

Sugar Land Branch Library

550 Eldridge Rd. • Sugar Land

PH: 281-238-2140 • FAX: 281-277-8945

EMAIL: slpublic@fortbend.lib.tx.us

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 _____

FOR STAFF USE

Date rec/d _____

Date group notified _____

Staff initials _____

Branch Manager _____

MEETING ROOMS AVAILABLE AT SUGAR LAND BRANCH LIBRARY

Rooms, furniture and equipment available in Sugar Land Branch Library meeting room follows.
You are responsible for the set-up and clean-up of the room.

Please fill in the quantity for all items you will need.

MEETING ROOM (you set up/take down)

- ___ chairs (85 maximum)
- ___ tables 30x 72 (12 maximum)
- ___ coffee pot *(filters not provided)*
- ___ marker board *(markers not provided)*
- ___ lectern
- ___ easels (3 maximum)
- ___ CD player

CONFERENCE ROOM (permanent set-up)

- ___ chairs (12 maximum)
- ___ 5-ft table (stationary, 5 maximum)
- ___ marker board *(markers not provided)*

AUDIOVISUAL EQUIPMENT AVAILABLE

Please check all that you will need

MEETING ROOM

- ___ TV/VCR (cart)
- ___ DVD/VCR
- ___ video projector (ceiling)
- ___ screen
- ___ transparency projector
- ___ microphone (2 maximum)
- ___ microphone stand, floor
- ___ CD player

CONFERENCE ROOM

- ___ TV/VCR (cart)
- ___ video projector (cart)
- ___ transparency projector

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 (281-238-2151) 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 _____