



FORT BEND COUNTY LIBRARIES

Cinco Ranch Branch Library

2620 Commercial Center Blvd. • Katy

Phone: 281-395-1311 • Fax: 281-395-6377

Email: crpublic@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.

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

Multipurpose Room

- ___ DVD (Meeting Room only)
- ___ CD Player
- ___ Video Projector
(You must provide adapters if using a personal laptop)
- ___ Screen
- ___ TV with DVD & VCR
- ___ Microphone floor stand
- ___ Microphone
 - Wired microphone
 - Wireless lapel microphone
 - Wireless hand-held microphone
- ___ Overhead Transparency (choose one)
 - Standing
 - Sitting

Conference Room

- ___ TV with DVD & VCR
- ___ Overhead Transparency (choose one)
 - Standing
 - Sitting

Conference Classroom

- ___ Video Projector
- ___ Screen
- ___ TV with DVD & VCR
- ___ Overhead Transparency (choose one)
 - Standing
 - Sitting

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

(over)

(over)

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 _____