



FORT BEND COUNTY LIBRARIES

George Memorial Library

1001 Golfview Drive • Richmond

Phone: 281-341-2605 • Fax: 281-341-2689

Email: 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

Room 2E

___ 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 & Room 2C only)

___ Wireless hand-held microphone (Meeting Room & Room 2C 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)

(cont)

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 _____