



**FORT BEND COUNTY LIBRARIES**

**Missouri City Branch Library**

1530 Texas Parkway • Missouri City

Phone: 291-238-2100 • Fax: 281-261-5829

Email: [mcpublic@fortbend.lib.tx.us](mailto:mcpublic@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** (you set up/take down)

- Laptop (separate form)
- DVD
- Video projector
- Microphone(s)
  - Wireless lapel microphone
  - Wireless hand-held microphone

**Conference Room (permanent set-up)**

- Laptop (separate form)
- Video monitor (for laptop connection)

**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 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.**

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**FOR STAFF USE**

Date rec'd \_\_\_\_\_ Time rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_ Date group notified \_\_\_\_\_

Branch Manager Approved \_\_\_\_\_  Y  N Date approved \_\_\_\_\_

Calendar Entry \_\_\_\_\_