

Dorchester County Library Meeting Room Agreement



I, _____, on behalf of _____,
(Name) (Organization)

have read the Dorchester County Library Meeting Room Policy and agree to abide by the following restrictions when using the Library's Meeting Room.

1. Applicant must be a resident of Dorchester County.
2. Standing reservations for monthly meetings may be scheduled for a **three-month time period**. Applicants may reapply for a standing reservation at the end of the three-month time period.
3. Reservations may be scheduled three months out from the current month, with one reservation allowed for each group per month.
4. Clean and vacate the Meeting Room by agreed time. (Any group that is meeting at the end of the day, must vacate the Meeting Room 15 minutes before the Library closes.)
5. Only **light refreshments** may be served and cleanup is required.
6. Organization representatives will be responsible for leaving the room, its equipment, and furnishings as found prior to the meeting.
7. Organizations must follow copyright/public performance laws when distributing materials or viewing films.
8. Be responsible for any damages caused to the building and furnishings.
9. Do not exceed (standing) occupancy limits: STG - 90 SVL - 90 NCH - 72
 ASH Small - 47 ASH Large - 95 ASH Full - 142 ASH Conference Room - 24
10. Sign Meeting Room Registration Book upon arrival and departure.
 Failure to comply with any of these agreements may result in loss of future meeting room usage.

Cancellations should be made at least 48 hours in advance. Failure to do so may prevent the group from further use of the Library Meeting Room.

Please specify requested day and date and time for use of facility:

1. Day/Date: _____ Time: From _____ To _____
2. Day/Date: _____ Time: From _____ To _____
3. Day/Date: _____ Time: From _____ To _____

Select branch: St. George _____ Summerville _____ North Charleston _____ Ashley River _____

Equipment needed: Projector _____ Projector Screen _____

Approximate number of people attending in your group: _____

Purpose of your meeting: _____

Applicant Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Approval by Branch Manager: _____
(Signature) (Date)

Received by: _____ Confirmed by: _____
(Initials) (Date) (Initials) (Date)