



ROCKY RIVER PUBLIC LIBRARY MEETING ROOM AGREEMENT

1600 Hampton Rd., Rocky River, OH 44116 • (440) 333-7610 • Fax (440) 333-4184 • www.rrpl.org

Library Hours: Monday-Thursday: 9:00am - 9:00pm • Friday - Saturday: 9:00am-6:00pm
 • Sunday (during the school year): 1:00pm-5:00pm

Application for Use of Meeting Room

Organization Name: _____

Meeting Purpose/Type: _____ **Application Date:** _____

Specify exact days and hours for which reservation is required. Include your set-up time, if needed.

Month	Date	Meeting Start Time/ End Time	Set-Up Time	Room Request <small>Room Capacity: Community Room – 35 max. Auditorium - 42 (tables /chairs) 80 - Chairs only</small>	Equipment Request	Check ✓
Sept.					TV/VCR/DVD	
Oct.					PODIUM	
Nov.					MICROPHONE	
Dec.					EXTENSION CORD	
Jan.					LED PROJECTOR	
Feb.					SCREEN	
Mar.					EASEL W/ DRY ERASE BOARD	
Apr.					OVERHEAD PROJECTOR	
May.					HOT WATER POT	
Jun.					COFFEE POT	
Jul.						
Aug.						

Attendance
Expected

Please Note: Meeting Rooms must be vacated 15 minutes before closing. Cancellation of a meeting room reservation is required 24 hours in advance.

RRPL reserves the right to reassign spaces, as necessary. The period of this agreement is September 1st through August 31st. Signing below indicates that the Meeting Room Policy is understood, will be adhered to, and that the guidelines for use will be conveyed to your membership.

Signature of Applicant: _____

**PLEASE
PRINT**

Name: _____
Office Held: _____
Address: _____
Email Address: _____
Telephone: Home: _____ Cell: _____

FOR OFFICE USE:

Approved By: _____
 Name: _____
 Date: _____ Confirmation Sent: _____

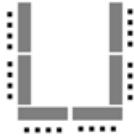
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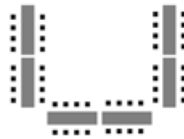
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ROOM SET-UP - Please choose preferred set-up and circle it.

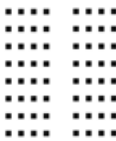
**U-SHAPE
OUTSIDE**



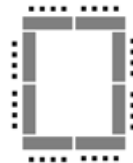
**U-SHAPE
OUTSIDE-INSIDE**



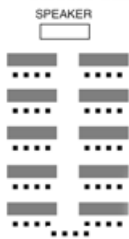
THEATRE



SQUARE



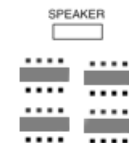
WORKSHOP



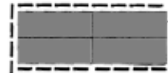
CIRCLE



CLASSROOM



**TABLES PUSHED
TOGETHER**



NOTE: Only 2-3 chairs per table side.

Special Instructions:
