



### Meeting Room and Facility Use Application

Program date  
or schedule:

20\_\_  
include year

#### Information about Program:

Program Name:	Alternate name people may use for program:
Name of Organization:	Contact Person:
Street Address/P.O. Box:	Contact Business Phone:
City/State/Zip:	Contact Home Phone:
Do we have permission to give your name and phone number to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will food and/or beverages be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Meeting Schedule:

#### Fees:

Date(s) requested: OR describe a schedule of multiple meetings:	Received \$
Schedule begin date:	Date:                      By staff:
Schedule end date:	Fee Waived <input type="checkbox"/> By staff:
Meeting start time:	Reason for waiver:
Meeting end time:	

**Meeting must end 15 minutes before the library closes.** Meetings which run over the scheduled time will be charged the fee for one full hour (\$20.00) for any fraction over an hour. The charge for meetings during closed hours is \$20.00/hour.

#### Facility Requested

WCLS Facilities with Meeting Rooms: <input type="checkbox"/> Blaine Library Meeting Room <input type="checkbox"/> Deming Library Meeting Room <input type="checkbox"/> Ferndale Library Meeting Room <input type="checkbox"/> Ferndale Library Conference Room <input type="checkbox"/> Ferndale Library Study Room <input type="checkbox"/> Lynden Library Meeting Room <input type="checkbox"/> Lynden Library Conference Room <input type="checkbox"/> Lynden Library Study Room <input type="checkbox"/> Point Roberts Meeting Room	Maximum occupancy 60 (seating for 50) 58 (seating for 40) 80 (seating for 60) 10 (seating for 10) 4 (seating for 4) 80 (seating for 60) 10 (seating for 10) 3 (seating for 3) 30 (seating for 30)	<input type="checkbox"/> North Fork Library Side Lot – Outdoor Uncovered Gravel Lot Measuring 40' x 40'. No building access.
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**The undersigned applicant assumes all and exclusive responsibility for the preservation of order and the sole and exclusive liability for any injury of persons, and damage to, or loss of property that may result from this use of library facilities. Further, the undersigned applicant has read the Whatcom County Library System's Meeting Room and Facilities Use Policy and agrees to comply with this policy.**

Applicant Printed Name & Signature:

Date:

Manager Signature:

Date:

#### Check out at end of meeting:

Actual Attendance:	The facility is in acceptable condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted by Library designee:	<b>AND</b> Applicant: