

BLUE EARTH COUNTY LIBRARY

100 East Main Street, Mankato MN 56001

(507) 304.4002 ~ Fax (507) 304.4009 ~ sandi.braun@co.blue-earth.mn.us

Information and directions available on Website: www.beclibrary.org

MEETING ROOM REQUEST

Date Requested:	_____	Time Needed:	_____ to _____
Name of Group:	_____	Non-Profit?	_____
Contact Person:	_____	# of Guests?	_____
Billing Address:	_____		
Phone Number:	_____	Fax Number:	_____
Optional: Email:	_____		

ROOM REQUESTED

_____**CONFERENCE ROOM (Capacity 23 max)**

2 long tables arranged in a solid rectangle & 20 chairs, pull down projection screen, white board

Hours available Mon-Tue 10:00 am - 7:30 pm, Wed-Sat 9:00 am - 4:30 pm, Sun 1:00 pm - 4:30 pm (seasonal)

_____**AUDITORIUM (Capacity 100 max, classroom style approx. 60)**

100 chairs, 17 six-foot long folding tables, built in projection screen, white board

Hours available Mon-Tue 8:00 am – 7:30 pm, Wed-Fri 8:00 am – 4:30 pm, Sat 9:00 am – 4:30 pm, Sun 1:00 pm – 4:40 pm (seasonal). After-hours available upon approval.

ROOM RENTAL: \$30 per hour, Non-profit \$10 per hour. Fees are not prorated.

_____**KITCHEN (Available with Auditorium at no charge)**

Electric range, refrigerator, sink, (3) 30-cup pots, and (1) 100-cup pot. Users supply coffee, cups, dish towels, etc.

EQUIPMENT NEEDED

There is a 7% sales tax on equipment rental. Please present tax-exempt # if you are a tax-exempt organization.

_____ Audio Cassette Recorder – free	_____ Overhead Projector - \$3
_____ DVD Player - \$5	_____ Presentation Kit (Easel, white board & markers) - \$8
_____ LCD Multimedia Projector - \$50	_____ VCR - \$5
_____ Opaque Projector - \$5	_____

POLICY AGREEMENT

The meeting rooms at the library are made available to the public on an equitable basis, regardless of the beliefs or affiliations of individuals or groups requesting their use.

All meeting rooms are booked on a first-come, first-serve basis by the Library Administrative Secretary, 507-304.4002. Bookings may be made up to six months in advance of meeting dates.

The contact person for the group is responsible for leaving the facilities clean and for ensuring that group members do not disturb other library users. A fee may be charged to the group for cleanup or damages incurred by the group.

Individuals and groups are responsible for removing all supplies and materials at the end of each meeting.

Individuals or groups making meeting room reservations should notify the library of any cancellations well in advance of the scheduled meeting. Cancellations must be made at least 48 hours before the scheduled reservation to avoid charges.

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The library reserves the right to revoke permission for use of meeting rooms at any time. Individuals or groups that believe they have unjustly been denied use or wrongfully limited in their use of the meetings rooms and those who wish permission to waive the rules above may discuss their situation with the Library Director. If the outcome of the discussions is unsatisfactory, the matter may be brought to the Library Board.

The library is a smoke-free building in its entirety. I agree:

To the above policy.

To pay a \$30 fee if the room(s) are left in unclean order. This includes wiping tables/counters, picking up trash, rinsing out coffeepots and removal of catering materials.

To agree to give at least a 48-hour notice on cancelled meetings. If notice is not received the full charge of the meeting room will be assessed.

To pay for equipment and/or room fees in advance.

To pay a \$40 fee if meeting participants are still in the building at closing time (unless after hours arrangements have been made and paid for).

If my group is over 20 guests, to request meeting participants to park in the city parking ramp.

Signature _____ Date _____

ADDITIONAL COMMENTS

NOTES: _____

OFFICE USE ONLY: Request taken by _____ on _____. Contract rec'd by _____ on _____.
Entered into Calendar Book _____ Entered into Outlook _____ Entered onto Upcoming _____

BILLING	\$ _____	Rental Fee	\$ _____	Total	_____	Date Paid
	\$ _____	After hours	_____	Inv #	_____	Check #
	\$ _____	Equipment	_____	Date Sent	_____	Receipt #
	\$ _____	Tax or Exemption number	_____			