
L. E. SMOOT MEMORIAL LIBRARY

9533 Kings Highway
King George, Va. 22485

Phone: 540-775-2147
Fax: 540-775-3769
www.smoot.org

Meeting Room Application

Date of Application: _____ (Bookings may not be made more than 3 months in advance)

Organization Name: _____

Address: _____ City, Zip: _____

Phone: _____ Email: _____

Responsible Party Name: _____ Phone Number: _____

Is this a designated not-for-profit organization? Yes No (Proof of status may be requested)

Date(s) of Requested Room Use: _____, _____, _____, _____
(date 1) (date 2) (date 3) (date 4)

Name of event: _____

Start Time: _____ **End Time:** _____ (*room availability ends 10 minutes prior to closing*)

Number of Expected Attendees: _____

Room Requested: (Check Box) *Rooms will be assigned based upon the number of attendees, activity and audiovisual needs.*

- | | | | |
|-------------------|---------------|--------------|------------------------|
| Computer Lab | Meeting A | Meeting B | Meeting Room A & B |
| Conference Room | Memorial Room | Program Room | Quiet Study A, B, or C |
| Quiet Study B & C | Group Study | Kitchen | |

Equipment Requested: (Check Box)

- Podium Projector Projection Screen DVD/Blu-Ray Player VCR/TV Microphone

Special Requests: _____

Payment: Payment in full required within 10 days of application.

Cancellation: Bookings will automatically be cancelled after 10 days if payment is not received.

Access to rooms prior to your Start Time or staying beyond your End Time could result in additional charges.

I have read and received a copy of the Meeting Room Policy, and I accept responsibility, as well as any damages and/or fees, as outlined. The Library may give out my name and telephone number to anyone inquiring about this program. I/We will hold the L. E. Smoot Memorial Library harmless for any damages to property or persons while our group or organization uses Library facilities.

Signature: _____ Date: _____

*****In Office Use*****

Payment Receive Date: _____ Payment Amount: _____

Reservation Approval Date: _____ Staff Initials: _____

	Program Room	Meeting Room A or B	Meeting Room A & B	Conference Room	Computer Lab	Memorial Room	Quiet Study A, B or C	Group Study A	Group Study B
Room Occupancy	46	112	224	28	28 14 Computer Stations	30	10	20	10
Non-Profit Fees	\$0	\$0	\$0	\$0	\$50/hour, not to exceed 3 hours	\$0	\$0	\$0	\$0
For-Profit Fees	\$10/hour	\$25/hour	\$50/hour	\$10/hour	\$75/hour, not to exceed 3 hours	\$100/hour	Not Available	Not Available	Not Available
AV Capacity	Screen Projector Dry Erase	Screen Projector	Screen Projector	Screen Projector Dry Erase		Screen Projector	Dry Erase	Dry Erase	
AV Fees	\$15, \$0 for Dry Erase	\$15	\$15	\$15, \$0 for Dry Erase	\$0	\$15	\$0	\$0	\$0
Repair Fees	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost	At Cost
Maintenance/Cleaning Fees	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour

Kitchen use requires a \$15 non-refundable fee. Fees are per use.