



Please check the room location you wish to reserve:

10790 Courthouse Rd
Charles City, VA 23030
Phone: 804-652-2450
Fax: 804-829-2314

7791 Invicta Lane
New Kent, VA 23124
Phone: 804-966-2480
Fax: 804-966-5982

Meeting Room Reservation Form

Organization/Company Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name/ Title: _____

Email: _____

Alternate Contact _____

Meeting Date: _____ Start Time: _____ End Time: _____

(Please include any time needed for set-up / take-down of the meeting room)

Purpose of meeting: _____

Anticipated # of attendees: _____ Room Fee (\$100 if applicable): \$ _____

(To be filled in by approving staff member)

Terms and Conditions:

1. Any advertising or marketing of your event which references the Library's name and location should do so in such a way as to make it clear that the library is serving as the event location only and in no way endorses your business or is acting as a sponsor of your meeting/event. To avoid confusion, please make sure your marketing/advertising materials state your company or your organization's name, physical address and contact phone number.
2. During the time of use of the building/meeting room, you are responsible for the preservation of law and order on the property and for any damage to the building and its contents. You will be held financially responsible for any damage.
3. Children must be under the supervision of a responsible adult at all times.
4. Smoking, the burning of candles, having an open flame, or the consumption of alcoholic beverages are prohibited.
5. The use of decorations is not permitted unless approved by the Library Director.
6. Animals or pets are not permitted in the building (excluding service animals) unless approved by the Library Director.
7. Events must end 15 minutes before the library closes.
8. Room set-up, take-down, and clean up are your responsibility.
9. Failure to adhere to these guidelines may result in suspension of meeting room privileges.

Signature below constitutes acceptance of the above terms and conditions.

(Signature) _____ (Date) _____

This application is not approved until you have received confirmation via email or telephone.

Please send completed form to bford@heritagepubliclibrary.org

For Staff Use: Approved by: _____ Date _____

Meeting Room Calendar checked by: _____ Date _____