Portage Public Library COMMUNITY ROOM USE APPLICATION

Bring your library card to check out Community room for every session.

- Please fill out this form completely. Missing information may cause delays in scheduling.
- An SCLS library card in good standing is required. Check in with the physical card at the library information desk just prior to the start of each scheduled session.
- An updated Community Room use application must be completed and filed at the beginning of each calendar year.
- All sessions must be community oriented and cannot be closed to the public per usage policy.
- Applications that do not clearly fit within the usage policy will be referred to the Circulation Supervisor or Library Director and must be approved prior to confirmation of Community room reservation.

Organization name						
Responsible party						
SCLS library card number						
Purpose or subject of session						
Phones (day)			(cell) _			
E-mail address						
First session and regular schedule						
Start and end time				Expected to attend		
Please check the equipment you wish to use:						
•	Kitchenette Facility	(\$10.00 fee)				
•	Laptop*					
•	Multimedia Projector*					
•	Touchscreen Smartboard*					
•	Podium					
•	Dry Erase Whiteboard					
		Total Daid				

*Equipment must be returned to the Portage Public Library intact, clean, a	nd in working order, along with all accessory					
items, parts, manuals, packaging and other materials provided when the i	tem was borrowed. Equipment returned					
inoperable, unclean, or missing parts or packaging, will be assessed fees as set forth. In case of damage or loss, borrowers						
$agree\ to\ pay\ the\ reasonable\ repair\ or\ replacement\ cost\ of\ the\ item.\ I\ have\ read,\ understand\ and\ accept\ the\ Community\ Room$						
Use Policy. Signing the Community Room use application also consents my agreement that as the signee I am responsible to						
pay the library all monetary compensation due to damage, additional cust	odial services or any other billable reason stated in					
this policy.						
Signature of Responsible Party:						
Print Name:	Date:					