

# IPL Meeting Room Reservation (Pandemic version)

Please fill out the information below and return to Iola Public Library.

Alternatively, it can be sent via the following methods:

Email – [iolaref@sekls.org](mailto:iolaref@sekls.org) Subject line - IPL ROOM RESERVATION FORM

Fax – 620-365-5137 attn.: IPL ROOM RESERVATION FORM

Mail forms and checks to: Iola Public Library - 218 East Madison - Iola, KS 66749

attn.: IPL ROOM RESERVATION FORM

The reservation date will expire unless the fees are paid within one week of booking.

If the event is cancelled, a cancellation fee of \$15 will be retained and the balance of the fee and deposit returned.

Name: \_\_\_\_\_

Organization: (if any) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Event: \_\_\_\_\_ Date of event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Beginning time: \_\_\_\_\_ a.m.  p.m.  Ending time: \_\_\_\_\_ a.m.  p.m.  = \_\_\_\_\_ hours.

Total cost of rental: \$

Total cost of deposit: \$

#### COST AND DEPOSIT INFORMATION -

Meeting Room: \$30 (up to 4 hours; then \$10 per hour)

Flewharty-Powell Annex \$35 (up to 4 hours; then \$10 per hour)

Rental and Deposit fees must be submitted as two separate checks.

(2 separate checks unless you are donating the deposit to Iola Public Library)

#### Disposition of security and cleaning deposit: How would you like us to handle the deposit?

Please place an **X** below on your choice.

- Mail my check back to me (not an option if the deposit is cash)
- I will pick up my deposit, at least 2 days after the event but within 2 weeks.
- The Iola Public Library may keep it as a donation
- Please shred the check.

I have read the policy and agree to abide by it. I agree that the library will not be liable for a COVID-19 outbreak resulting from my event

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (President, Secretary, etc)

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#### Library use only:

Security deposit received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ staff member: \_\_\_\_\_

Rental fee received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ staff member: \_\_\_\_\_

Key bag # \_\_\_\_\_ picked up on (date) \_\_\_\_\_ by: \_\_\_\_\_ staff member: \_\_\_\_\_

Key bag # \_\_\_\_\_ returned on (date) \_\_\_\_\_ by: \_\_\_\_\_ staff member: \_\_\_\_\_

drop box: \_\_\_\_\_

#### Completion:

Room checked: Date: \_\_\_\_\_ staff member: \_\_\_\_\_

Security deposit fully refunded: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

If not fully refunded, amount charged: \$ \_\_\_\_\_

Reason: \_\_\_\_\_