

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 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)

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: _____