Application for Use of Dean E. Miller Community Room
Caldwell Public Library

Meeting date requested: _____

Time requested: _____ to_____ *(please include time for set up and tear down)*

Attendance expected: _____

(Maximum capacity for community room: 120)

Booking organization: _____

Organization address: _____

Contact person: _____

Contact person's daytime phone: _____

Email: _____

Please note that the contact person listed on this application or a designated representative must be present in order for library staff to open the meeting room. Please list the first name, last name, and phone number of any person you wish to designate as a representative:

_____

_____

Dean E. Miller Community Room Use Fees

Please indicate which type of group your meeting falls under to determine the total fee for usage of the room.

- **No fee**
  If your group is one of the following, there is no charge to use the Community Room (unless you plan to serve food/drink).
  Please select one:
  □ City of Caldwell
  □ Caldwell Public Library-Affiliated Group
  □ Local Government Entity
  □ Community Book or Study Group
  □ Musical Recitals
  □ Neighborhood Associations located within the city limits of Caldwell

- **Non-Profit Group or individual**
  Please select one:
  □ 1-4 hours: $25
  □ 4+ hours: $50

- **For-Profit Groups**
  Please select one:
  □ 1-4 hours: $50
  □ 4+ hours: $100

- **All groups serving food or drink**:
  □ $10: Additional cleaning fee for all groups that wish to serve food or drink.

Additional Fees & Guidelines
- An additional $25 per half hour will be assessed to all groups who stay later than 10 minutes past the end of their reserved period.
- All fees must be paid by cash or check before the start time of the event.
- Reservation fees and cleaning fees are refundable if a meeting is cancelled 24 hours in advance or cancelled by the library.

I have read and agree to abide by the Dean E. Miller Community Room Policy. I agree to use the room only for the purposes of the above organization and with the stated date, hours, and attendance. Failure to abide by this agreement may result in the suspension of meeting room privileges.

Signature:_____**Date:**_____

Dean E. Miller Community Room application must be received before booking will be confirmed. Please make checks payable to the Caldwell Public Library.

Mail or bring this form to the **Caldwell Public Library, 1010 Dearborn St., Caldwell, ID 83605 Attn: Reservations** or email it to amartinez@cityofcaldwell.org or tcagwin@cityofcaldwell.org.

Staff use (please initial and date):
Amount due: *Payment received:*   *Calendar booked:*