



Meeting Room Contract

Please read the Rabun County Public Library Meeting Room Policy before completing this form.

Group/Individual Requesting Meeting Room: _____

Address: _____

Phone Number: _____ Email Address: _____

Time, Date & Duration of Meeting Room Reservation: _____

Charges for damage to the Meeting Room or any additional cleaning will be billed to the person who signed the Meeting Room contract.

Before a meeting space is confirmed, the person responsible must pay a non-refundable deposit equal to at least 50% of the meeting room fee. The balance must be paid in full prior to the event.

Please check one:

____ Community or Non-Profit Group: No Fee

____ Private Social Event: \$10:00 per hour
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

____ Training/Educational Event sponsored by a For-Profit Group: \$20:00 per hour
Deposit Paid/Date Paid _____/_____ Balance/Due Date _____/_____

I _____ on behalf of myself or my organization,
have read and will comply with all of the guidelines and procedures outlined in the
Rabun County Public Library Meeting Room Policy.

Signature: _____ Date: _____

Library Staff Confirmation: _____