

Town of High River Library Board Policy Manual

Schedule A	Facility Use Application
Board Approved	Amended Oct. 2015; amended Dec. 2015;

The appropriate space can be booked with the library staff **upon completion of a Facility Use Application**. Payment for the room is required in advance.

A representative of the Town of High River Library Board must be present in the building whenever any room in the facility is to be used by the public. Designated Board representatives include trustees and library staff.

Three spaces have been designated as meeting rooms for groups involved in educational, informational, artistic, or public service activities. The use of these rooms for suitable activities and events is encouraged.

Spaces available to be rented include the W.O Mitchell, Centre, and West Rooms.

Charges for the spaces are as follows:

- a. W.O Mitchell Room (capacity: 90)
 - twenty-five dollars (\$25.00) per hour, or a daily rate of one hundred and fifty dollars (\$150.00).
 - an additional twenty dollars (\$20.00) per hour will be charged outside of regularly-scheduled hours
- b. Centre (capacity: 20) and West (capacity: 25) Rooms
 - fifteen dollars (\$15.00) per hour, or a daily rate of ninety dollars (\$90.00).
 - an additional twenty dollars (\$20.00) per hour will be charged outside of regularly-scheduled hours
 - if space is rented as a computer lab, the charge is thirty-five dollars (\$35.00) per hour, one hundred dollars (\$100.00) for 4 hours and one hundred and fifty dollars (\$150.00) a day (8 hours)

Wine may be served at the discretion of the Director. If wine is to be served, sponsors must obtain the necessary permits and submit photocopies to the Director or designate before the activity or event occurs. Hard liquor is NOT allowed.

Sponsors are responsible for the arrangement of tables and chairs. At the end of the event, chairs must be returned and left in good order. Failing this, a janitorial fee of thirty dollars (\$30.00) may be assessed.

Name of Organization/Activity _____

Applicant Name _____

Address _____

City/Province/Postal Code _____

Home phone _____ Business phone _____ Cell phone _____

E-mail _____

_____ Date _____ Signature _____

Space to be rented (please circle): W.O Mitchell Room Centre Room West Room

Date(s) requested: _____

Times: From _____ a.m./p.m. to _____ a.m./p.m.

Number of participants: _____

Certificate of Insurance supplied (please circle): yes no Exp. date _____