



NORTH BATTLEFORD library

Meeting Room Application

North Battleford Library
1392 101st St., North Battleford, SK S9A 1A2
Phone: (306) 445-3206 Fax: (306) 445-6454

Hours:

Monday: 12:30 to 9; Tuesday: 10:30 to 8
Wednesday: 10:30 to 9;
Thursday to Saturday: 10:30 to 6; Sunday: 2-5:30

Date of Event: _____

Booking Start Time: _____

Booking End Time: _____

Please make sure to include time for set up and clean up above. Admittance to the room by the public is not allowed prior to the event start time.

Public Start Time: _____

Public End Time: _____

Name of Organization: _____

Name of Contact Person: _____

Billing Address: _____

Phone Number: _____

Email: _____

Program Title and/or Meeting Purpose: _____

Expected Number of Attendees: _____

Will admission be charged? _____ If so, how much will the admission be? _____

Type of Room Needed (Meeting Room, Children's Room or Lecture Theatre):

Please note:

Cost for the Meeting Room is \$25.00 per four hour session to a maximum of \$50.00 per day

Cost for Lecture Theatre is \$100.00 per four hour session.

Cost for the Children's room is \$20.00 per four hour session to a maximum of \$40.00 per day

When admission is charged, a 20% fee will be included into the rental cost and/or deposit of either space.

Room Cost = \$ _____

Deposit: \$25 _____ \$100 _____ Waived _____

Other Charges (Please circle if applicable):

- LCD Projector (for use with laptop): \$20.00
- Security Fee (charged when booked times extend beyond open library hours): \$60.00

A coffee urn can be provided free of charge. However, you must bring all of your own coffee supplies.

Would you like to use a coffee urn? _____ If yes, would you like a 50 or 100 cup urn? _____

Total Charges: _____

The rental fee must accompany this application. In order to receive a refund, a cancellation must be given at least 24 hours prior to the start time of your event.

In signing this agreement, I agree to the conditions outlined on this form and agree to comply with them. I further agree to be responsible for the payments of all charges levied by the North Battleford Library for the use of the Lecture Theatre or Meeting Room.

Date: _____

Signature: _____

Office Use Only

Confirmed _____

Date _____

Payment Received _____

Date _____

Receipt Number _____