

For staff use only

GROUP NAME _____

DEPOSIT RECEIVED _____ SINGLE EVENT ONGOING

RENTAL FEE _____ DATE RECEIVED _____ RESIDENT NON-RESIDENT

PAYMENT TYPE _____ NON-PROFIT OTHER



Library Facility Use Rental Agreement (please print)

Name _____

Address _____ City _____ ZIP _____

E-mail _____ Phone _____

I have a Sachse Public Library card. # P _____ I do not have a Sachse Library card.

Date(s) of Event _____

Number of attendees _____ Begin (Time) _____ End _____

Type of Event _____ Is this reservation for a non-profit group?
(Must provide proof of non-profit status)

Notes _____ YES NO

Rental Fees

Resident - \$10/hour Non-Resident - \$25/hour
Non-Profit, Resident - FREE Non-Profit, Non-Resident - \$10/hour

A deposit check in the amount of \$100 is required for all reservations

Please shred my deposit check after the event. Please hold my deposit check for pickup.
(Check will be held for ONE week)

I have received a copy of the rental policies and facility use regulations and agree to all the terms therein.

I understand that I will be liable for damages that occur during my use of the room and I understand that failure to abide by these policies could result in denial of privileges to use these facilities and forfeiture of deposit.

I understand that if my event takes place after regular library hours, it is my responsibility to check out a room key during open hours prior to my event.

I understand that in the event of a cancellation, notice must be given at least seven days prior to the date of the rental in order to receive a full refund.

Signature _____ Date _____