



Single Event Meeting Room Application

City of San Leandro
Library Services Department
300 Estudillo Ave.
(510) 577-3968
(510) 577-3967 FAX

Contact Information

Organization: _____

Contact Person: _____

Home Address: _____
Street City Zip Code

Phone: (____) _____ Work Phone: (____) _____ Email: _____

Meeting Information

Type of Activity: _____

Day & Date: _____ Estimated Attendance: _____

Time needed (set-up thru clean-up): _____ am pm to _____ am pm Event starts at: _____ am pm

Facility Information

- | | | |
|--|---|--|
| <input type="checkbox"/> Mary Brown Room | <input type="checkbox"/> Conference Room B | <input type="checkbox"/> Estudillo Room |
| <input type="checkbox"/> Trustees Room | <input type="checkbox"/> Conference Room C | <input type="checkbox"/> Dave Karp Senior Facility |
| <input type="checkbox"/> Lecture Hall | <input type="checkbox"/> Manor Branch Program | <input type="checkbox"/> Kitchen |

Room Arrangement (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Auditorium Style (rows of chairs) | <input type="checkbox"/> Banquet Style | <input type="checkbox"/> Food or Beverage Table |
| <input type="checkbox"/> Conference Table Style | <input type="checkbox"/> Classroom Desk Style | <input type="checkbox"/> Registration Table |

Equipment – Equipment rental prices listed in the Facility Usage Fees and Guidelines

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Projector, Movie | <input type="checkbox"/> Mic, Hand held | <input type="checkbox"/> Flip Chart w/o paper | <input type="checkbox"/> TV/VCR |
| <input type="checkbox"/> Projector, Overhead | <input type="checkbox"/> Mic, Standing | <input type="checkbox"/> Flip Chart with paper & pens | <input type="checkbox"/> TV/DVD |
| <input type="checkbox"/> Projector, Slide | <input type="checkbox"/> Mic, Table Top | <input type="checkbox"/> Wooden easel | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Projector, Power Point | <input type="checkbox"/> Mic, Podium | <input type="checkbox"/> Dry Erase Board with pens | |
| <input type="checkbox"/> Conference Phone | <input type="checkbox"/> Mic, Lapel | <input type="checkbox"/> Portable podium | |

Reservation Agreement:

If Application is granted, I agree to comply strictly with the facility guidelines, to supervise care in use of all facilities and equipment, and make good any damage or loss of property arising from our occupancy of any portion of the building.

ALL PARKING LOT RESTRICTIONS APPLY TO MEETING ROOM USERS – TWO HOUR LIMIT.

Please Note: All applications are tentative until permit is issued.

Applicant's Signature _____

Date _____

For Library Use Only

- | | |
|-------------------|-----------------|
| Facility Fee | _____ |
| Security Fee | _____ |
| Insurance | _____ |
| Equipment Rental | _____ |
| Damage Deposit | _____ |
| Maintenance | _____ |
| Total Due: | \$ _____ |

User Eligibility:

- | | | | |
|---------|-------|---------|-------|
| Group A | _____ | Group E | _____ |
| Group B | _____ | Group F | _____ |
| Group C | _____ | Group G | _____ |
| Group D | _____ | | |

Room Assignment: _____

Approved by: _____

Date: _____