Single Event Meeting Room Application

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

____ Mary Brown Room ______ Conference Room B ______ Estudillo Room
____ Trustees Room ______ Conference Room C ______ Dave Karp Senior Facility
____ Lecture Hall ______ Manor Branch Program ______ Kitchen

Room Arrangement (check one) Number of Chairs: _______ Number of Tables: _______
____ Auditorium Style (rows of chairs) ______ Banquet Style ______ Food or Beverage Table
____ Conference Table Style ______ Classroom Desk Style ______ Registration Table

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

____ Projector, Movie ______ Mic, Hand held ______ Flip Chart w/o paper ______ TV/VCR
____ Projector, Overhead ______ Mic, Standing ______ Flip Chart with paper & pens ______ TV/DVD
____ Projector, Slide ______ Mic, Table Top ______ Wooden easel ______ Screen
____ Projector, Power Point ______ Mic, Podium ______ Dry Erase Board with pens
____ Conference Phone ______ Mic, Lapel ______ 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 __________________________ User Eligibility: Group A ______ Group E ______
Security Fee __________________________ Group B ______ Group F ______
Insurance __________________________ Group C ______ Group G ______
Equipment Rental _______________________ Group D ______
Damage Deposit _________________________
Maintenance ___________________________
Total Due: $_________ Room Assignment: ______________________________

Approved by: __________________________________ Date: ________________

City of San Leandro
Library Services Department
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