Meeting Room Agreement

Organization or Individual _____

Street Address _____

City _____ State _____ Zip Code _____

Name _____ Phone _____ Email _____

I have received and read a copy of the Orange City Public Library Meeting Room Policy.
I agree to abide by the policy and to be responsible for the condition of the room.

Signature _____ Date _____

Staff Use Only

Date of Reservation: _____ **Start time:** _____ **End time:** _____

Fee owed: ☐ $25 for up to 4 hours ☐ $50 for up to 8 hours ☐ $75 for 9 or more hours ☐ Waived

Payment Received: _____ **Staff Initials:** _____
date

3/2020 LJ; 02-23; 01/25; 06/25