

CUDAHY FAMILY LIBRARY: Application for INDOOR Social Function Space Use

Please fill out *completely* to be approved

Name of Organization/Group/Family: _____

Represented by: Name _____ Title _____

Address: _____

Telephone: _____ E-mail _____

1st choice Date: _____ Time Requested: _____ Estimated Attendance _____

2nd choice Date: _____ Time Requested: _____ Estimated Attendance _____

Type of Social Function: _____

Indicate Space requested:

_____ **Ladish Co. Foundation Meeting Room / Geiger Kitchen:**

_____ 3 Round tables with 6 - 7 chairs up to 21 guests; 3 – 4 rectangle tables for food, gifts, etc.

_____ Rectangle tables and chairs up to 35 guests; 2 – 3 rectangle tables for food, gifts, etc.

Hours	Space Fee
1-4	\$100
4-7	\$125
7-10	\$150

Number of Guests	Food Fee
Less than 25	\$10
25 or more	\$25

	Fees When Closed
1 Hour	\$50
2 Hour	\$100
3 Hours	\$150

_____ **Suzann E. Collins Gathering Place**

_____ Up to 9 Round Tables and 63 Chairs; 7 – 8 Rectangle Tables for food, gifts, etc.

_____ Rectangle Tables and chairs up to 65 guests; 7 – 8 Rectangle Tables for food, gifts, etc.

Hours	Space Fee
1-4	\$150
4-7	\$175
7-10	\$200

Number of Guests	Food Fee
Less than 25	\$10
25 or more	\$25

	Fees When Closed
1 Hour	\$50
2 Hour	\$100
3 Hours	\$150

Indicate Equipment requested:

Equipment Needed, no fee:

_____ Microphone (available only in the Suzann E. Collins Gathering Place)

_____ Podium

_____ Easel

Equipment Needed, \$5.00 fee for each:

_____ 30-cup Coffee Pot

_____ Punch Bowl Set

Equipment Needed, \$10.00 fee for each:

_____ Projector (LCD, Opaque or Slide)

_____ Webcam

Equipment Needed, \$25.00:

_____ Console Piano (available in the Suzann E. Collins Gathering Place only)

Turn page over

As an authorized representative of the party who is requesting to use meeting space, I hereby apply for the use of the social function space as indicated on this application. I have read the rules governing the use of the facilities and grounds included with this application and agree that they will be strictly observed, including the cleaning of the space to leave it as it was before my usage. I accept responsibility on behalf of the above group for any damages that might occur to Library or city property during our use of the facility and understand that I will forfeit a part or all of the required deposit if the rules for usage as stated in the policy are not followed. In case a meeting space event is canceled, I agree to notify the Library as far as in advance as possible.

I shall indemnify and hold harmless the Cudahy Family Library, the City of Cudahy, its officers and employees, and the Cudahy Family Library Board of Trustees from any damages for personal injury or property damage and for the costs of defending claims for the same, including attorney fees, arising out of the acts or omissions of use of the meeting space in the Cudahy Family Library.

Signed: _____ Date: _____

Decoration plans for the Space:

_____ **Application Approved** _____ Not Approved because: _____

_____ **Decoration Plans Approved** _____ Not Approved because: _____

Rental / Equipment fee _____

Six Percent fee for credit card payment _____

Total fee _____ **paid on** _____

_____ **Deposit Information Collected** **Date Deposit Information Shredded** _____

Date Patron Notified Deposit will be Applied _____
See attached documentation and reasons why fee(s) were applied

Notes from Director: _____

Director's Signature _____ **Date:** _____

_____ **Date Space checked after meeting** _____ **No issues** _____ **Concerns about the use of the space**

Repairs Needed / Damages / Use infractions:

Staff initials _____