

Meeting Room Contract

300 W. Merrill St. Birmingham, MI 48009 | 248-647-1700 | www.baldwinlib.org

Organization name: _____

Contact name: _____ Work #: _____ Home #: _____

Address: _____

Email: _____

Name of room requested: _____ # of People: _____

Date of meeting: _____ Meeting start time: _____ am/pm

Room reserved between: _____ am/pm and _____ am/pm

FEE SCHEDULE (check one)

Prices are determined per each four (4) hours of use. There is a four (4) hour minimum charge based on the room rented. If the reserved time is more than four (4) hours, the fee is prorated to the nearest half hour.

	<i>Rental Rate</i>
Delos Board Room	<input type="checkbox"/> \$30 per 4 hours
Jeanne Lloyd Room	<input type="checkbox"/> \$40 per 4 hours
Rotary Tribute or Donor Room	<input type="checkbox"/> \$40 per 4 hours
Full Rotary Tribute & Donor Room (Combined)	<input type="checkbox"/> \$80 per 4 hours

ROOM SETUP (check one)

Delos Board Room	<input type="checkbox"/> Conference (only setup available for the Board Room)
Jeanne Lloyd Room	<input type="checkbox"/> Lecture style (chairs only, maximum 40 seats) <input type="checkbox"/> Classroom style (seated at tables, maximum 20 seats) <input type="checkbox"/> Conference style (tables in U formation, maximum 20 seats)
Tribute or Donor	<input type="checkbox"/> Lecture style (chairs only, maximum 35 seats) <input type="checkbox"/> Classroom style (seated at tables, maximum 20 seats) <input type="checkbox"/> Conference style (tables in U formation, maximum 20 seats)
Full Rotary Room	<input type="checkbox"/> Lecture style (chairs only, maximum 100 seats) <input type="checkbox"/> Classroom style (seated at tables, maximum 48 seats) <input type="checkbox"/> Conference style (tables in U formation, maximum 40 seats)

Equipment and Supplies:

- Use of Kitchen: \$20 per event (must also rent adjoining Donor Room)
- Coffee (10 cup pot) \$15 # of pots _____
- Hot tea (10 cup pot) \$10 # of pots _____
- Video Projector \$25
- Conference Phone \$10
- Flipchart/Whiteboard \$10

A security/cleaning deposit equal to the room rental rate may be charged. This fee will be returned once it is determined that compliance to all policies and guidelines was satisfactorily met.

I have read the BPL Meeting Room Policy and agree to adhere to its terms. Moreover, I agree that my organization will be responsible for any damage to the facility or damage or loss of Library equipment. I have the requisite authority to bind the group or organization listed in this contract to the rights and obligations herein included. The renter releases and holds harmless the Baldwin Public Library for any and all claims for personal injury or property damage.

Library hours: Monday - Thursday 9:30am-8:45pm*
Friday & Saturday 9:30am-5:15pm*
Sunday 12:00pm-4:45pm*

*Earlier start times or later ending times may be available if arranged and approved in advance by the Library Director or his or her designee.

Signed by _____ Date _____

Print name & title _____

Return this contract with payment no later than one week prior to your meeting date.
Questions? Call 248 647-7339 or email robert.stratton@baldwinlib.org