

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 room requested:	
Date of meeting:	Meeting start tim	ne:am/pm
Room reserved between:	am/pm and	am/pm
•		our (4) hour minimum charge based or , the fee is prorated to the nearest half
Delos Board Room	Rental Rate ☐ \$30 per 4 hours	
Jeanne Lloyd Room	☐ \$40 per 4 hours	
Rotary Tribute or Donor Room	☐ \$40 per 4 hours	
Full Rotary Tribute & Donor Room (Combined)	☐ \$80 per 4 hours	
ROOM SETUP (check one)		
Delos Board Room	☐ Conference (only setup av	ailable for the Board Room)
Jeanne Lloyd Room	Lecture style (chairs only, or Classroom style (seated at Conference style (tables in seats)	tables, maximum 20 seats)
Tribute or Donor	 Lecture style (chairs only, maximum 35 seats) Classroom style (seated at tables, maximum 20 seats) Conference style (tables in U formation, maximum 20 seats) 	
Full Rotary Room	 ☐ Lecture style (chairs only, maximum 100 seats) ☐ Classroom style (seated at tables, maximum 48 seats) ☐ Conference style (tables in U formation, maximum 40 seats) 	

Equipment and Supplies	5:	
☐ 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	
	•	the room rental rate may be charged. This fee will be returned e to all policies and guidelines was satisfactorilymet.
organization will be respondent. I have the requipment. I have the rights and obligations	nsible for a uisite autho herein incl	olicy and agree to adhere to its terms. Moreover, I agreethat my ny damage to the facility or damage or loss of Library or to bind the group or organization listed in thiscontract to uded. The renter releases and holds harmlessthe Baldwin or personal injury or property damage.
Fr	iday & Satu	ursday 9:30am-8:45pm* rday 9:30am-5:15pm* pm-4:45pm*
*Earlier start times or later Library Director or his or h	_	nes may be available if arranged and approved in advanceby the e.
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