Indianapolis-Marion County Public Library Branch Auditorium Reservation Form

Required information (please print clearly):

Group name_____

Library Facility requested _____

Contact person _____

Full address _____

City _____ _____ State _____ Zip code _____

Home number _____Cell Number _____ Office Number _____

Email address _____

Website of Organization _____

Purpose / function of group _____

Are you charging a ticket or entry fee? _____ Are products or services being promoted or sold? _____

Is there a drawing for a chance to win prizes or raffle fee _____

(If yes, the Library could request a copy of a gaming license)

Date(s) requested _____

Time(s) requested _____

Note: Form must be filled out completely for reservation to be made. Incomplete forms will be returned and room will not be reserved. You must fill out a new form each time you make a reservation. FEES MUST BE PAID ONE WEEK IN ADVANCE.

Fees:	Not For Profit	For Profit
Room use (up to 4 hours)	$0.00	$85.60 (Includes 7% sales tax)
Room use (over 4 hours)	$0.00	$171.20 (Includes 7% sales tax)

Fees are charged for profit making groups or business; Fund raising events; Meetings which require payment of Tuition or other fees; Meetings where products or services are promoted or sold; meetings which are designed to further the specific goals or an individual or group, such as recitals ,political campaigns, tutoring classes; Events of a personal nature-birthday parties, baby or bridal showers, reunions etc.

Not For Profits will be required to submit their 501 (C) (3) tax exempt letter or other official confirming documentation from the Internal Revenue Service

Total fees charged .....$_____

The Library will not provide any A/V or electronic equipment. If a group wishes to bring equipment from another source, it must be approved by Library personnel in advance.

Your signature below indicates that you received a copy of the attached Meeting Room Guidelines, have read them and accept and agree to be bound by them.

(x) _____

Meeting Room Reservations 40 E. St Clair St 46204

317-275-4020 (phone) 317-269-5264 (fax)

Office Use Only:
Date paperwork received: _____ Date fees paid: _____

Amount: _____ (Revised 11/12) Form #337