

BorgWarner Room Request Form

Name of Organization: _____

Contact Name: _____

Address: _____

Phone: Day: _____ Evening: _____

Email: _____

Borg Warner East (Occupancy-60) (A/V equipped)

I would like to use the A/V Equipment*

Borg Warner West (Occupancy 60) (Kitchen available for this room)

Borg Warner Full Room (120pp) (A/V equipped and kitchen access)

I would like to use the A/V Equipment*

*To use our A/V equipment you must be trained by our staff and have an A/V approval form on file) (Please call Terry Harbin at ext. 238 for training (training must take place at least 10 business days prior to the event).

Charges (2 hour minimum)

Normal library hours

\$15 per hour 1/2 room x _____ \$ _____

\$30 per hour full room x _____ \$ _____

\$15 A/V usage \$ _____

Outside normal hours: MON – FRI: 7:00 – 10:00 A.M.; MON – THURS: 8:15 – 11:15 P.M. (No outside hours available on Saturday and Sunday)

\$30 1/2 room per hour \$ _____

\$50 full room per hour \$ _____

TOTAL \$ _____

Title and description of event: ** _____

Date(s) of event: _____ Actual time of event: ** _____ A.M./P.M.
From/To

Time room is needed: Set-up time: _____ A.M./P.M Breakdown time: _____ A.M./P.M (time you will be out of the room)

URL (your Web site address):** _____ (will show up as small "i" in a blue circle on the Web site)

**Will appear on our Web site (<http://www.tcpl.org>) under "Calendar of Events."

Special Door Access:

I will need access to the outside building door (closest to the Borg Warner room) during Library hours for delivery of food/ equipment, etc. An access code will be provided.

I will need access outside library hours: _____ Before Library opens _____ After Library closes (additional fees apply)

Payment:

Check Credit Card Fee Waived

Please make checks payable to: Tompkins County Public Library

Credit Card: MasterCard Visa 3-digit security code: _____

Credit Card #: _____

Expiration Date: _____

Signature: _____

FOR INTERNAL USE ONLY

Room Charge \$ _____

Outside Library Hours Charge \$ _____

A/V Usage Charge \$ _____

Total Charge \$ _____

FOR INTERNAL USE ONLY

Room _____ Date _____ Confirmed

Payment Received Date _____ Credit Card Check No. _____ Amount _____ By _____

A/V Use Requested _____ Door Access Requested Unlock: _____

I have read the policies and procedures and will be responsible for ensuring that our organization complies with these guidelines.

Signature: _____ Date: _____ Print Name: _____