

**ALLIANCE LEARNING CENTER/LIBRARY
COMMUNITY ROOM**

LIBRARY HOURS:

JUNE-AUG: M, Tu & Th - 8 am - 6 pm,
W - 8 am - 8 pm, Fri & Sat - 10 am - 5 pm
SEP-MAY: M thru Th - 8 am - 8 pm,
F & Sat - 10 am - 5 pm, Sun - 2 pm - 5 pm

APPLICATION FOR ORGANIZATIONS

Return the completed application to the Alliance Public Library Director for approval during regular library business hours or fax to 308-762-4148. Reservations are not definite until a signed application is received and a deposit made for use outside regular library hours. Selling products or services, or soliciting donations, is not permitted, except as part of a library-sponsored program.

NAME OF ORGANIZATION: _____

Type of Organization: ___ Civic ___ Cultural ___ Educational

Contact Person: _____ Telephone # Work: _____ Home: _____

LIST DATE(S) REQUESTED: ___ **One Time Only**: Date _____ Hours _____

___ **Weekly**: Dates _____ Hours _____

_____ Hours _____

___ **Monthly**: Dates _____ Hours _____

_____ Hours _____

ROOM(S) REQUESTED: ___ Room A ___ Room B ___ Room C # Attending: _____

EQUIPMENT REQUESTS (*Equipment limited; requests must be made at least 12 hours in advance and are granted on a first come, first served basis*):

___ Podium (Standing) ___ Slide Projector ___ Overhead Projector ___ Opaque Projector

___ Phone Hookup (Internet access available only in Room ___ TV/VCR (w/Cable hookup)

A via local call or 800 number to your provider) ___ Coffeemaker

___ Speaker System (Available only for ___ Kitchenette (Available only in Room A, or for large

large groups using Rooms A, B and C) ___ groups using Rooms A, B an C)

KEY TO BE PICKED UP BY: _____ DATE: _____

Telephone Numbers: Work: _____ Home: _____

A fee of \$45.00 will be charged for keys not returned.

I have read and understand the requirements for using this facility outlined on the reverse of this application.

SIGNATURE: _____

(Person making the reservation)

SIGNATURE: _____

(Person picking up the key)

***** TO BE COMPLETED BY STAFF *****

RESERVATION TAKEN BY _____ KEY BAG # _____ GIVEN OUT BY _____

DEPOSIT: \$25.00 Check # _____ on ___/___/200___ REFUNDED on ___/___/200___

*This facility is supported by taxes paid to the City of Alliance.
We would welcome hearing from groups who have enjoyed its use.*