

SEMINOLE COMMUNITY LIBRARY AT ST. PETERSBURG COLLEGE
9200 - 113th STREET • SEMINOLE, FLORIDA 33772
727-394-6905 • www.spcollege.edu/scl

PROGRAM ROOM RESERVATION FORM

Please submit this form to Marion Chamberlain at mchamberlain@myseminole.com or at address above.

Today's date: _____

Name of organization: _____

____ Non-Profit Organization ____ For-Profit Organization ____ Governmental Agency

Name of organizational representative: _____

Address of organization or representative: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____

Room(s) requested: ____ Program Room A ____ Program Room B ____ Program Room C

Day and Date requested: _____

Day of week

Date

If multiple dates are requested, please indicate: _____

Starting time of event: _____

Total time needed (including room set-up, event, and room break-down): From _____ To _____

Will food or beverages be served? ____ Yes ____ No (Deposit required)

Please indicate the number of chairs and tables needed: ____ Chairs ____ Tables

Please indicate special equipment needed (see Program Room Policy for rental schedule):

Notes:

Costs
(Library Staff Use Only)

Deposit (refundable if no damage assessed):	\$ _____
Room Rental (non-refundable):	\$ _____
Room Rental Tax (non-refundable):	\$ _____
Technology/Equipment Rental (non-refundable):	\$ _____
Technology/Equipment Rental Tax (non-refundable):	\$ _____
Liability Insurance (non-refundable):	\$ _____
Special Support Services (non-refundable):	\$ _____
TOTAL:	\$ _____

Please make check payable to **ST. PETERSBURG COLLEGE** and deliver to:

Program Rooms
 Seminole Community Library at SPC
 9200 – 113th Street
 Seminole, FL 33772

Affirmation by Organizational Representative

On behalf of my organization I understand and accept all conditions and terms of use set forth in the *Program Room Policy* and this *Program Room Reservation Form*, in particular:

- That activities sponsored by the City of Seminole or St. Petersburg College have priority over all activities sponsored by community organizations.
- That my reservation is NOT confirmed until this *Program Room Reservation Form* is completed, signed, and submitted to the library.
- That the library reserves the right to place or move my activity to Program Room A or B or C, without notice, as scheduling needs may require, provided the library allows adequate space for the estimated attendance of my activity, along with any requested furniture and equipment, as indicated on this form.
- That room setup and breakdown are the responsibility of my organization (not library or College staff).
- That other activities may be scheduled in adjoining Program Rooms at the time of my reservation.
- That the movable walls separating the Program Rooms buffer sound, but are not soundproof.

Signature of Organizational Representative	Date
--	------

Library Director or Designee: _____ Approved _____ Denied

Signature of Library Director or Designee	Date
---	------

Deposit: \$_____ Damage Assessment: \$_____ Balance due applicant: \$_____