

FORM F  
RENTAL/ RESERVATION FORM - BURESH COMMUNITY ROOM

Rental/Reservation Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
\_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
\_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
(Please include time(s) needed for set-up/decorating/take-down as well as actual event;  
rental/reservation hours available are between 6am and 10pm, Sunday- Saturday)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Activity to be held: \_\_\_\_\_

**PLEASE NOTE ANY SPECIAL TECHNOLOGY/ELECTRONIC DISPLAY THAT YOU WILL NEED:**

Name of Group or Person using facility: \_\_\_\_\_

Non-Profit Status: (Please circle one) YES NO

Check: \_\_\_\_\_ I need the Buresh Room opened for me at \_\_\_\_\_ am/pm  
\_\_\_\_\_ I need the Buresh Room locked for me at \_\_\_\_\_ am/pm

Rental Fee(s) Required:	Rental Fee
• Free to Boards, Commissions, Committees established by the Springville City Council	\$ <u>0.00</u>
• \$15.00 per day for Local Non-Profit groups	\$ _____
• \$40.00 for the first four (4) hours and \$20.00 for each additional two (2) hours of use by all other persons or group	\$ _____

**Total Due \$** \_\_\_\_\_

I hereby certify that I have reviewed the Buresh Community Room Use Policy Mng-9b and agree to all conditions.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

- Make check payable to Springville Memorial Library (check must accompany reservation form)
- Attach check to Rental/Reservation Form
- Turn in check and form to the Springville Memorial Library

Reservation APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE PAID: \_\_\_\_\_

BY: \_\_\_\_\_

**\*\* Contact Persons: Brittany Aldrich 319-504-2945 or Marla Carnahan 319-854-7268 if there are questions or special circumstances about the facility. Contact Persons for opening/closing: Brittany Aldrich 319-504-2945 or Tina Allsup 319-721-5143. \*\***