Application for Use of Community Room Northport Library

Maximum capacity: 50

Meeting date:	
Time requested: to	(Please include time for set up and tear down)
Attendance expected:	
Booking organization:	
Organization address:	
Contact person:	
Contact person's daytime phone:	Cell phone:
Email:	Fax:
	nmunity Room Fees Add-on items: Laptop use: \$20 ple projector/screen: \$30
one:	ne projector/sercem 450
For-profit or Nonresident Nonprofit Base Fee: \$100 up to 4 hours	
base ree. \$100 up to 4 hours	
Fargo/Moorhead Cass County Based Base Fee: \$50 up to 4 hours	d Nonprofit Groups or Individuals
Community Book Groups Base Fee: Free up to 4 hours	
	ns; Library or Library-Affiliated Groups
Base Fee: Free, no charge for use of add Please mark which items are needed:	
All equipment fees are refundable if a n the library.	neeting is canceled 24 hours in advance or canceled by
I have read and agree to abide by the N purposes of the above organization and	Meeting Room Policy. I agree to use the room only for the I with the stated date, hours, and attendance. Failure to the suspension of meeting room privileges.
Signature:	Date:
	ng will be confirmed. Please make checks or money orders

Check

Mail or bring this form to the **Northport Library, 2714 North Broadway, Fargo ND 58102 Attn: Manager** or email it to **JKanenwisher@cityoffargo.com**