

Universal City Public Library Activity Room Reservation Form

Room Hours:

Tuesday – Thursday: 9 am - 5:45 pm. Friday: 9 a.m. - 4:45 p.m. Saturday: 9 a.m. - 1:45 p.m.

Instructions: Please complete the application and return it to a staff member at the front desk. Reservations may be subject to cancellation depending on library scheduled events. **A RESERVATION FORM MUST BE COMPLETED FOR EACH MEETING DATE.** Applicants must be at least 18 years of age or older. Reservation forms are subject to quarterly renewals. Groups or organizations may reserve the room up to 12 times in a 3-month period. The person who signs the application is responsible for all the requirements of the Activity Room and must be present to gain entrance into the room.

Please note: Rooms are not booked/reserved until the library receives this completed form and the applicant receives confirmation of the reservation from a library staff member.

Name of Authorized Representative: _____

Name of Organization: _____

Contact Phone Number: _____ Email (required) _____

Meeting Date (list on back if more than one): _____ Reservation: Start Time: _____ End Time: _____

Meeting Purpose: _____ Number of Attendees (minimum of 4): _____

Need TV Equipment: Y____ N____

- I understand that the room is not available for commercial purposes and that no admission fee, registration fee, donation or monetary solicitation may be sought from meeting attendees.
- I understand that the room is not soundproof and a low to moderate noise level must be maintained at all times.
- I understand that **food is not permitted** in the activity room and drinks must be covered with secure tops.
- I understand that nothing may be attached to the walls, ceiling, floor or furnishings and that products/ materials that can permanently stain or damage the floor, walls or furniture are not permitted.
- I understand that if I fail to arrive or notify staff within 15 minutes of my reserved time, I forfeit my reservation.
- I understand the room must be vacated 15 minutes prior to closing.

Initials:

I hereby apply for use of the Universal City Public Library Activity Room. I have read the Activity Room Policy and agree to follow the terms and conditions as stated in policy. I understand that I will be responsible for any damage, loss or cleaning expenses that may result in the use of the space.

Signature: _____ Date: _____

Revised 11/14/2025.

