

**Application for Use of Community/Conference Room  
Dr. James Carlson Library - Fargo Public Library**

Meeting date requested: \_\_\_\_\_  
Time requested: \_\_\_\_\_ to \_\_\_\_\_ *(please include time for set up and tear down)*  
Attendance expected: \_\_\_\_\_  
*(Maximum capacity for community room: 70; maximum capacity for conference room: 15)*

Booking organization: \_\_\_\_\_  
Organization address: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Contact person's daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Community Room Use Fees:

- No fee: City of Fargo, Fargo Senior Programs; library or library-affiliated groups
- \$50 per 4 hours: Fargo-, Moorhead-, Cass County-based nonprofit groups or individuals
- \$100 per 4 hours: For-profit or nonresident nonprofit groups or individuals

Conference Room Use Fees:

- No fee: Advance bookings for City of Fargo; Fargo Senior Programs; library or library-affiliated groups; groups under 12 if conference room is available at that particular time
- \$25 per four hours: Advance bookings for nonprofit or for-profit groups or individuals

Equipment Fees:

- No fee: Screen, lectern, public address system, prep kitchen, folding tables, digital projector, wireless Internet
- \$10 per four hours or portion: TV/DVD, overhead projector
- \$50 per booking: Laptop

All equipment fees are refundable if a meeting is cancelled 24 hours in advance or cancelled by the library.

*I have read and agree to abide by the Meeting Room Policy. I agree to use the room only for the purposes of the above organization and with the stated date, hours, and attendance. Failure to abide by this agreement may result in the suspension of meeting room privileges*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All fees must be received before booking will be confirmed. Please make checks or money orders payable to the Fargo Public Library.

---

Fax (701.476.5981), mail or bring this form to the **Dr. James Carlson Library, 2801 32 Ave S, Fargo ND 58103 Attn: Branch Manager** or email it to [lwest@cityoffargo.com](mailto:lwest@cityoffargo.com).

---

Staff use (please initial and date):

Amount due:

Payment received:

Calendar booked: