



MEETING ROOM RESERVATION

Date of meeting: _____ Time: _____ To: _____

Purpose of meeting: _____

Expected attendance: _____ Actual attendance: _____

Address: _____ Phone: _____

\$100 Deposit date _____ \$100 Pick up Deposit _____

Signature

Please read and initial.

____SOLS reserves the right to cancel any meeting should conditions or situations warrant such action.

____The following items are prohibited: red punch, tobacco products, vaping, alcoholic beverages, illegal substances, marijuana or drugs, firearms, cooking, open flames, including the burning of candles or tea lights, excessive noise levels.

____No group shall assign its space or reservation to another group.

____No decorations, posters or other items may be attached to the walls, doors or ceiling.

____Set up of tables and chairs is the responsibility of the user.

____Meeting room must be returned to its original condition.

____Groups are responsible for the disposal of all food and trash in the dumpster.

____Buying, selling and/or charging fees is not permitted.

____Ensure that you monitor the restrooms and dispose of paper in correct receptacles to avoid plumbing problems. See below SOLS Meeting Room Policy.*

____I understand by signing this document that I agree to follow these protocols and failure to do so will result in the forfeiture of the meeting room deposit and possible loss of future meeting room use privileges.

User name and/or organization (print): _____

Signature: _____ Date: _____

* If any damage or loss occurs, the group using the room must pay for the repair of the items.