

**Bertram Library**  
170 N. Gabriel  
Bertram, TX. 78605  
Phone: 512-355-2113 Fax: 512-355-3323

**Email: [sdruell@burnetcountylibrary.org](mailto:sdruell@burnetcountylibrary.org)**

**RESERVATION APPLICATION**

**MEETING ROOM (Capacity: without tables 82, with tables 38)**

Organization Name \_\_\_\_\_

Approximate number attendees \_\_\_\_\_

**Meeting Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **to** \_\_\_\_\_ Include set up & clean up

Meeting Purpose \_\_\_\_\_

Organization Function & Information \_\_\_\_\_

\_\_\_\_\_ **Initial** I/We are aware that the library publicizes information about groups in library calendars, promotions and articles in public media (including print, digital and e-formats).

\_\_\_\_\_ **Initial** if we have your permission to provide your name and phone number/email to persons requesting more information about your group.

Contact Person \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

\*You and your group have the Burnet County Library System Meeting Room Policy, fully understand and agree to the provisions and limitations as stated in the policy and accept responsibility for securing the building.

\_\_\_\_\_ **Initial** I understand key return policy- after hours keys are returned through the library after hours book drop, located in the alley.

\_\_\_\_\_  
**Signature of person responsible for arrangements** Date \_\_\_\_\_

Driver's License# \_\_\_\_\_

**Key Check-Out:** \_\_\_\_\_ **Library Staff initials** **Key #** \_\_\_\_\_