

**Taylor Community Library**

**Program Request Form**

Name or Title of Program: \_\_\_\_\_

Contact Full Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Website or social media page (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the program content: \_\_\_\_\_

Who is your target audience? \_\_\_\_\_

Duration of Program (in hours): \_\_\_\_\_

Has this program been held in other libraries? If so, please list names of libraries here:  
\_\_\_\_\_  
\_\_\_\_\_

Fee to Library: \$ \_\_\_\_\_

Do you have any special requirements? If so, please describe or list here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the library need to provide any equipment? If so, please list here:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief biography of the program facilitator.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Taylor Community Library**

### **Program Request Form**

Please describe how the program will fit in with the library's Vision, Mission, and Values. (See attached).

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# **Taylor Community Library**

## **Vision and Mission Statements**

### ***Vision Statement***

The Taylor Community Library envisions a future in which everyone has free access to a diversity of resources needed to lead productive and fulfilling lives.

### ***Mission Statement***

The Taylor Community Library strives to enhance the lives of all individuals by offering free access to materials and programs designed to satisfy the informational and recreational needs of our community.

Our Mission Statement is based on the following values and goals.

The Taylor Community Library:

- Preserves and promotes our local, cultural, and historical heritage;
- Furnishes a safe, welcoming and comfortable gathering environment;
- Offers relevant materials, services and programming to patrons throughout their lives;
- Employs a professional, caring, dedicated and knowledgeable staff;
- Facilitates the joy of learning and the pleasure of reading by supplying tools of discovery and investigation;
- Fosters creative and imaginative ideas and actions;
- Advances all forms of knowledge to meet the educational, cultural and professional needs of our community;
- Provides and promotes the means to build a literate community;
- Collaborates, cooperates and partners with community agencies, organizations and institutions towards the improvement of society;
- Values and protects patron privacy;
- Remains neutral, unbiased and non-judgmental in the selection process;
- Encourages the community to be productive, engaging and contributing members of society.

# Taylor Community Library

## Performer's Agreement

Performer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Performance Location (list "Taylor Community Library" unless otherwise determined):  
\_\_\_\_\_

Date of Program (dd/mm/yyyy): \_\_\_\_\_

Program Start Time: \_\_\_\_\_ AM or PM (circle)

Program End Time: \_\_\_\_\_ AM or PM (circle)

Program Setup Time (what time will the performer arrive?): \_\_\_\_\_ AM or PM (circle)

Description of Performance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you provide the library with Proof of Insurance? Yes or No (circle; if yes, please attach to this form.)

***I agree to comply with the library's Patron Behavior Policy and to conduct the performance as described above.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Make checks payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Taylor Community Library**  
**Performer's Agreement (with Fees)**

Performer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Performance Location (list "Taylor Community Library" unless otherwise determined):  
\_\_\_\_\_

Date of Program (dd/mm/yyyy): \_\_\_\_\_

Program Start Time: \_\_\_\_\_ AM or PM (circle)

Program End Time: \_\_\_\_\_ AM or PM (circle)

Program Setup Time (what time will the performer arrive?): \_\_\_\_\_ AM or PM (circle)

Description of Performance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee for one program: \$ \_\_\_\_\_

Fee for each additional program: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Can you provide the library with Proof of Insurance? Yes or No (circle; if yes, please attach to this form.)

***I agree to comply with the library's Patron Behavior Policy and to conduct the performance as described above.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Make Checks Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_