

Meeting Room Application and Agreement



Date of Meeting Attendance Expected
Meeting Room or Conference Room
Actual Time Meeting Begins
Time Room Reserved From to

Name of Organization

No fee for use of room:

- 1. Library-related 2. Local government 3. Local non-profit w/ members in district

\$25.00 fee for up to four hours:

- 1. Recital 2. In-district business 3. Non-profit without members in district

Primary Contact (print) *note: you are required to attend meeting.

Name Library Card
No.
Address City Zip
Home Phone Work Phone
Email

Secondary Contact (print) * note: secondary contact is needed if primary contact cannot attend meeting.

Name Library Card
No.
Address City Zip
Home Phone Work Phone
Email

Nature of Meeting and Description of Activities

Refreshments to be served? No Yes Describe

Equipment to be Used

Folding Tables, Number needed Chairs, Number needed
Sound System: Hard Microphone Cordless Microphone
Projector: Overhead Slide LCD VCR/DVD (requires use of LCD Projector)
Clavinova
Coffee Pots Small (10-12 cups each) Large (55 cups each)
Other, List

We hereby acknowledge that we have reviewed, understand and agree to comply with the policies and procedures governing the use of library meeting rooms. We, individually and on behalf of our Organization, agree to comply with all such policies and procedures.

We do hereby further agree to indemnify and hold harmless the Indian Prairie Public Library District as well as respective officials and employees, from all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including attorney's fees arising out of, or resulting from, the occupancy or use of the room pursuant to this Application.

We shall also be responsible for any and all damages caused to the library building, the premises, and the library equipment and other personal property caused as a result of our use of the meeting room.

Signatures:

Primary Contact _____ Date _____

Secondary Contact _____ Date _____

Primary or Secondary Contact MUST check in at the Reception Desk BEFORE and AFTER the meeting

Note: Primary or Secondary Contact must attend meeting.

Payment of applicable fees must accompany Application. Refund will be made if Application is denied.

Return Application to: Administrative Office
Indian Prairie Public Library District
401 Plainfield Road
Darien, Illinois 60561
Phone: 630/887-8760, ext. 245
Fax: 630/887-1018

Staff Use Only

Application received in Administrative office on _____ by _____

Fees Paid: _____

Application _____ approved _____ not approved Date _____

Notification _____ by _____
Specify whether phone or mail

Notes and Comments:

660.8