Dolton Public Library District

14037 Lincoln Avenue  **l** Dolton, IL 60419 **l**  708.849.2385

**Application for Meeting Room Use**

Complete this application and submit to the Business Office at least one week prior to the requested date.

ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF MEETING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START TIME\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ END TIME\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROOM REQUESTED \*\* JOSWAY ROOM ( ) \_\_\_\_ KOPAC ROOM ( ) \_\_\_\_\_\_\_ MEDIA TRAINING ROOM ( ) \_\_\_\_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_ GROUP ELIGIBILITY \*\*: TYPE I \_\_\_ TYPE II \_\_\_ TYPE III \_\_\_ TYPE IV \_\_\_

DO YOU REQUIRE A/V EQUIPMENT? NO \_\_\_ YES (INCLUDE REQUEST FOR ***A/V EQUIPMENT USE FORM***) \_\_\_\_

\*Time requested must include **set up** and **cleanup** of rooms by the room users.

\*\*See full *Meeting & Study Room Policy* or Request for *A/V Equipment Use form* for complete meeting room or group descriptions and fees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application, I understand my group is responsible for the following (please initial):

\_\_\_\_ We must clear the room **20 minutes before closing**. \_\_\_\_ Cancellations must be made 24 hrs. in advance

\_\_\_\_ We are responsible for setting up the room and return- or fees will be forfeited.

 ing it to its original condition. \_\_\_\_ If we arrive late, we cannot expect our

\_\_\_\_ We are responsible for providing any accommodations reservation to be extended.

 Requested in accordance with the ADA. \_\_\_\_ Arrival more than 15 minutes late

\_\_\_\_ Arrangements for use of A/V equipment must be made constitutes a no-show. No-shows may lose

 in advance, and we are responsible for operating it meeting room privilege.

 during our meeting. \_\_\_\_ We are responsible for abiding by all other

\_\_\_\_ Fees, if required, must be paid before a room reservation aspects of the Meeting & Study Room Policy.

 is confirmed. \_\_\_\_ $20 fee if refreshments served

The undersigned agrees to indemnify and hold harmless the Dolton Public Library District, its officers, agents, and employees, from any and all claims, actions, suits, proceeding costs, expenses, damages and liabilities, including attorney’s fees, arising or resulting from the occupancy of the Dolton Public Library meeting rooms.

I have read the ***Meeting & Study Room Policy*** and agree that myself and all attendees will comply with the terms of use. I understand that failure to comply may result in expulsion or denial of future reservations.

Requestor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For Internal Use Only (Fees are subject to change)

Date application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees required: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date fees paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not approved, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [DPLD July 2019]