

LEMONT PUBLIC LIBRARY DISTRICT
APPLICATION FOR USE OF LIBRARY MEETING ROOM

Date(s), Time(s) Requested: _____

Meeting rooms may be booked during the following times:

Monday – Thursday.....9:00 a.m.– 8:30 p.m.

Friday and Saturday.....9:00 a.m. – 4:30 p.m.

Sunday1:00 p.m. – 4:30 p.m.

Name of Organization: _____

Type of Organization: For Profit Non-Profit Other

Fees may be assessed for use of the meeting room, as outlined in the *Meeting Room Fee Schedule* on reverse.

General Purpose of Use: _____

Estimated Attendance: _____

(Maximum capacity of meeting room: 67 - theater-style seating; 32 – conference room seating).

Equipment Requested:	Projector	<input type="checkbox"/>	\$10.00
	Laptop	<input type="checkbox"/>	\$10.00
	TV with DVD/Video Player	<input type="checkbox"/>	\$ 5.00
	Podium	<input type="checkbox"/>	No Charge
	Microphone	<input type="checkbox"/>	No Charge

Contact Person: (Please Print)

Name: _____

Address: _____

Phone: _____ Email: _____

Affiliation with Organization: _____

THE GROUP USING THE FACILITIES IS RESPONSIBLE FOR SETTING UP THE FURNITURE AND RETURNING IT TO ITS ORIGINAL LOCATION UPON COMPLETION OF THE PROGRAM.

I have read the *Meeting Room Policy*, dated January 8, 2009 and agree to follow the rules and regulations stated therein.

Signature: _____ Date: _____

Return completed application with payment (if applicable) to:

Lemont Public Library District, Attn: C. Jeans, 50 E. Wend St., Lemont, IL 60439

Date received: _____

Date confirmed: _____

Payment received: _____