



ROOM USE APPLICATION

ROOM REQUESTED:

- ☐ Event Space (seats up to 55, theater style) ☐ Learning Center (seats up to 20, classroom style)
☐ Collaboration Studio (seats up to 5)

DATE REQUESTED: _____ # OF ATTENDEES: _____

TIME REQUESTED: _____ a.m. or p.m. to _____ a.m. or p.m.
(Available during library hours only: M-Th. 9am -9pm; Fri. & Sat. 9am-5pm, Sun. 1pm-5pm)

PURPOSE: _____

CONTACT INFORMATION:

Name: _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

I AGREE TO IDEMNIFY, DEFEND AND HOLD HARMLESS THE LEMONT PUBLIC LIBRARY DISTRICT, ITS OFFICER, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, SUITS, ACTIONS OF ANY KIND RELATING TO INJURIES OR DAMAGE ARISING FROM ANY ACT OR OMISSION OF THE INDIVIDUAL, GROUP OR ORGANIZATION'S USE OF THE MEETING ROOM.

I accept the terms of the Library Room Use Policy and agree to abide by all rules established by the Library.

Signature: _____ Date: _____

- ❖ Email form to info@lemontlibrary.org. Call 630-257-6541 with questions.
- ❖ Payment (if applicable) is due at the time of reservation or prior to the event.
- ❖ The Library accepts cash or check in person and debit/credit cards in person or online.
- ❖ Payments can be made at the Patron Service Desk.
- ❖ The number of reservations allowed in a given time period may be limited.
- ❖ Two hours of room use is guaranteed. Time extensions depend on approval and room availability.
- ❖ See Room Use Policy and the Room Use Fee Schedule for more detailed information.