

Alsip-Merrionette Park Public Library District

11960 S. Pulaski Road

Alsip, IL 60803-1197 (708) 371-5666

**APPLICATION FOR USE OF MEETING ROOM - 2 WEEK NOTICE IS REQUIRED**

**Please fill in all blanks – Incomplete forms will not be considered for approval**

DATE OF MEETING: \_\_\_\_\_ HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Allowed during normal Library hours only)

ROOM CHOICE: Meeting Room 1 (Cap. 60) \_\_\_\_\_  
Meeting Room 2 (Cap. 105) \_\_\_\_\_  
Meeting Room 3 (Cap. 165) \_\_\_\_\_

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

PURPOSE OF ORGANIZATION: \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_

KITCHEN USE: YES \_\_\_\_\_ (Additional non-refundable fee if \$25) NO \_\_\_\_\_

EQUIPMENT REQUESTED: Please check off items on the attached *Meeting Room Equipment List*

I have read the policy and procedures for the use of the meeting room and agree to comply with its provisions. I accept full responsibility for leaving Library facilities in a clean and orderly condition, and for reimbursing the Library for any damage caused by the above mentioned group.

I hold harmless the Alsip-Merrionette Park Public Library District for any and all injuries that may be sustained by persons attending the event described above during their use of Library facilities.

My organization will be responsible for complying with the Americans with Disabilities Act requirement that any meeting publicity must provide a means of communicating special accommodation needs to the organization prior to the meeting, so that we might comply with the request for accommodation.

SIGNED: \_\_\_\_\_  
Signature of District resident or person accepting responsibility for meeting room use

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

LIBRARY CARD #: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

ORGANIZATION OFFICER (IF NOT DISTRICT RESIDENT)

SIGNED: \_\_\_\_\_  
Signature of adult (21 yrs of age or older) accepting responsibility for meeting room use

**Note: Please wait to receive a confirmation via phone or email from the Library before announcing the meeting date.**

**DO NOT WRITE BELOW THIS LINE**

DATE APPLICATION RECEIVED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

CONFIRMATION DATE: \_\_\_\_\_ DENIED BY: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

## MEETING ROOM EQUIPMENT

Please check any equipment your group will need and return attached to the meeting room application:  
All equipment is available on a first come first serve basis.

\_\_\_\_ Chairs    How many? \_\_\_\_\_    124 available

\_\_\_\_ Tables    How many? \_\_\_\_\_    12 available

\_\_\_\_ Microphone

\_\_\_\_ Projector

\_\_\_\_ Screen

\_\_\_\_ Easel - 1 available

\_\_\_\_ Podium

\_\_\_\_ Kitchenette (use of the kitchen requires a \$25.00 NON-refundable deposit)

Note: The library does not provide computers, laptops, power cords, etc.