

**Alsip-Merrionette Park Public Library District
11960 S. Pulaski Road
Alsip, IL 60803-1197**

APPLICATION FOR USE OF MEETING ROOM

DATE OF MEETING: _____ **HOURS:** FROM _____ TO _____

ROOM CHOICE: Meeting Room 1 (Cap. 60) _____
Meeting Room 3 (Cap. 160) _____
Meeting Room 2 (Cap. 105) _____

NAME OF ORGANIZATION: _____

PURPOSE OF MEETING: _____

EXPECTED ATTENDANCE: _____ **KITCHEN USE:** YES _____ NO _____

PLEASE CHECK ANY EQUIPMENT YOU WILL NEED:

_____ Chairs How many? _____ (124 available)

_____ Tables How many? _____ (12 available – each table seats 2 per side)

_____ Microphone _____ Projector _____ Screen _____ Easel _____ Podium

Please note that the library does not provide computers, laptops, or power cords for use.

NAME: _____

HOME ADDRESS: _____ **CELL PHONE:** _____

EMAIL: _____ **LIBRARY CARD #:** _____

SIGNATURE: _____ **DATE:** _____

By signing I attest that I have read the policy for the use of the meeting room and agree to comply.

DO NOT WRITE BELOW THIS LINE

DATE APPLICATION RECEIVED: _____ **DATE CONFIRMED/DENIED:** _____

APPROVED / DENIED: _____

Applications must be submitted at least 14 days prior to requested date for consideration.