BOOKING APPLICATION-PUBLIC MEETING ROOMS

Date of Application: _______________________________

Name of organization: _____________________________________________

Address: ________________________________________________________ (street)

________________________________________ (city)

________________________________________ (state and zip)

Phone: __________________________________________________________

Person Responsible for Application: _________________________________

Home Phone: ____________________ Work Phone: ________________

E-mail address (optional): _________________________________________

Head of organization if other than applicant (if applicable) or other contact person:

______________________________________________________________

Home phone: ____________________ Work Phone: ________________

Date of meeting______________________________

Frequency of use: One Time ___ Other (Please explain) ________________

Hours of use: ___________ (Begin) ____________ (End)

Type of Meeting/Program (Please Describe):________________________________________

________________________________________________________________________

________________________________________________________________________
Anticipated Attendance: ________________

Tables: _______   Chairs: _______

Please list any materials you anticipate bringing into the library: ________________

___________________________________________________________

Room to be Reserved:  Small Meeting Room: _______  Large Meeting Room: _______
  (12 total occupancy)  (48 total occupancy)

I state the above information is true and correct. I further state that I have received a
 copy of the Policy adopted by the Board of Trustees of the Peotone Public Library
 District, we will abide by and comply fully with that policy at all times, and the above
 group shall indemnify and hold harmless the Board of Trustees of the Peotone Public
 Library District from and against any loss, cost, expense, or damage occasioned by the
 use of the meeting room(s) and/or our failure to follow any part of this policy.

   Applicant Signature: ________________________________

$25.00 Room Deposit paid/ Check Number: __________

Approved By: ________________________________  Date: ________________

DISCLAIMER:

The Peotone Public Library District, by granting permission for the use of the Library
facilities to any party, does not necessarily share, condone, or advocate any of the beliefs,
purposes, or actions of the person, persons, organization, or activities, which are using the
facility either while on or off the premises owned by the Peotone Public Library District.

Updated 2/7/2017