



APPLICATION FOR MEETING ROOM USE

Applicants must be at least 18 years of age and a resident of the Nippersink Public Library District with a current library card.

NAME OF ORGANIZATION: _____

PURPOSE OF MEETING: _____

NUMBER OF PERSONS EXPECTED TO ATTEND _____

WILL ANY MONEY BE COLLECTED AT THIS MEETING? IF YES, PLEASE EXPLAIN:

ARE YOU REQUESTING USE OF THE KITCHEN OR LIBRARY AV EQUIPMENT? IF YES, GIVE DETAILS _____

***Meeting rooms are available for use during Library hours only and must end 15 minutes prior to closing.**

***Meeting room use priority will be given to Library sponsored or related events. The Library reserves the right to cancel the reservations for any meeting because of Library priorities.**

***Reservations for a series of meetings may be made on a calendar year basis. Reservations will be accepted beginning December 15th for the upcoming year and must be renewed annually.**

***All reservations are made on a "first come first serve" basis.**

***Groups are responsible for arranging the room for its own use and returning the room to its original condition.**

***Use of the Library's audiovisual equipment must be reserved with the staff beforehand.**

FOR A COPY OF THE FULL MEETING ROOM POLICY PLEASE ASK ANY STAFF MEMBER

As authorized representative of the named organization, I hereby request use of the meeting room facilities as indicated. I agree to the policies listed with this form governing use of these facilities. Further, I accept personal responsibility for all damages and financial loss occurring through this group's use of the program room facilities.

Signature: _____ Name Printed: _____

Official Position _____

Address _____

Phone _____ Fax _____ Email _____

May this name and phone number be given out to persons interested in your group? _____

CONFIRMATION OF SCHEDULING:

Dates requested _____ Time: From _____ To (AM/PM) _____

_____ PLEASE NOTIFY THE LIBRARY
OF ANY CANCELLATIONS PRIOR
TO THE PROGRAM DATE

Application can be completed and given to staff at the circulation desk, emailed to nippersink@nippersinklibrary.org, or fax to 815-678-4484. Completed applications will be reviewed and upon approval applicants will receive a phone call or email confirming the reservation.

DATE APPROVED: _____ STAFF SIGNATURE: _____

The Library may close when schools close due to severe weather or when local police report that main roads are unsafe. Please call in advance if conditions are questionable