



Meeting Room Application

Lisle Library District (LLD)

For Library Use Only
Date Received: _____
Time Received: _____
Initials: _____

Name of Organization/Person: _____

Application Date: _____ Meeting/Event Date: _____

(Optional) Regular Meetings on the _____ of _____

Beginning _____ through _____

Exceptions: _____

Meeting/Event Time Begins: _____ Ends: _____

Setup Time for Meeting/Event: _____ mins

Nature of Meeting/Event:

Number of Expected Attendees: _____

Responsible Individual:

Name: _____ Library Card Number: _____

Address: _____

Phone: _____ Business Phone: _____

Email: _____

Alternate Contact Person: _____

Phone: _____ Email: _____

I understand that the Library and its staff will take responsible precaution to prevent any accidents over which they have control, and will take reasonable measures to provide a safe environment for all Library patrons, including attendees at the meeting/event which I propose to sponsor. In consideration of the Library's agreement to allow the use of the Library's facilities for this meeting/event, I agree to accept responsibility for any loss, damage, or injury to any attendees at said meeting/event that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a Trustee, employee, or agent of the Lisle Library District (LLD), and to indemnify and hold the Library harmless from any claims, demands, causes of action, or lawsuits related to any allegation of personal injury or property damage made by any person, where such claim, demand, cause of action, or lawsuit is based in whole or in part upon the claimant's attendance at the meeting/event noted above.

I have received a copy of the Library's Meeting Room Policy 650 and understand this Policy. I will be in attendance at the above referenced meeting/event.

Signature of Responsible Individual: _____

Note: Lisle Library District (LLD) programs have priority and therefore the Library reserves the right to cancel scheduled meetings/events if necessary.

Room Arrangement:

	Number of Chairs	Number of Tables
Theater Style (Chairs in Rows)	_____	_____
Classroom Style (Chairs around Tables)	_____	_____
Exhibit Style (Tables Arranged for Display)	_____	_____

Equipment Needed:

Projector _____ Screen _____ DVD/Blu-Ray Player _____ Microphone _____
Podium _____ Dry Erase Board _____ Piano _____

If a special room arrangement is necessary, explain below.

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Received: _____ Approved: _____ By: _____

Assigned: Full Meeting Room (A/B) _____ Meeting Room A _____ Meeting Room B _____ Grp Study Rm _____