

Lincolnwood Public Library District

Meeting Room Reservation Form

Completion of this form does not guarantee a room. You will be contacted by a Library representative.

On behalf of the following organization, I have read the Meeting Room Policy located at: [lincolnwoodlibrary.org>About>Cards, Loans & Policies>Library Policies](http://lincolnwoodlibrary.org>About/Cards,Loans&Policies) and agree to abide by all regulations governing the use of Library facilities. I agree

Today's date: _____ Organization name: _____

Preferred meeting date: _____ Alternate date(s) if preferred date is not available: _____

Meeting start time: _____ Meeting end time: _____

Expected attendance: _____ General purpose of the meeting: _____

Meeting room options (please select one):
A up to 44 people
B up to 44 people
AB up to 88 people
C up to 16 people (Youth Room)
(small size tables/chairs)

Equipment needed: _____
Room set up: _____

As stated in our Meeting and Study Room Policy (Sec. VIII: Food and Other Refreshments), "Food and covered nonalcoholic drinks may be consumed in the Meeting Rooms as long as they are individually packaged and do not have to be maintained at certain temperatures. Examples include bagged snacks, juice boxes, whole pieces of fruit, and cookie trays. The serving and consumption of food and covered nonalcoholic drinks must be approved in advance and a \$50 cash deposit may be required at least 10 business days before the meeting, which will be refunded if the room and equipment are left in good condition."

Will food or drinks be served? No Yes If yes, please describe: _____

The person named below must:

- Be authorized by the organization to assume responsibility on its behalf
- Have a valid Lincolnwood Public Library District card

Your name: _____ Phone number: _____

Your home address: _____ LPLD card barcode number: _____

Title/Position in organization: _____ Email address: _____

Please sign and date this form and return it to a Library representative.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Form collected by: _____ Date: _____ Checked ID Checked library card status
 Gave copy of Meeting Room Policy

CE: Approved by: _____ Date: _____ Event entered Confirmed set up

Staff contact assigned: _____

