

MEETING ROOM REQUEST FORM

Name of Organization

Nature of Meeting or Mission Statement

Date of Meeting _____ Time from _____ to _____

Estimated Number of Attendees _____ Meeting Preparation Begin Time _____

Reservation made by

Phone _____ Fax _____

E-mail Address _____

Address _____ City _____ Zip _____

Public Contact Person

Phone _____ E-mail _____

Alternate Contact Person

Phone _____ E-mail _____

Equipment (Check what you need for the meeting)

- | | | | |
|---------------------------------|---|--|--|
| <input type="checkbox"/> chairs | <input type="checkbox"/> tables | <input type="checkbox"/> podium | <input type="checkbox"/> public address system |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> overhead projector | <input type="checkbox"/> slide projector | <input type="checkbox"/> flipchart |

Schedule of Meetings (List Every Date): _____

For, and in consideration of, the use of a meeting room at the Library, we agree to indemnify and hold the Waukegan Public Library harmless from any actions, suits, causes of or relating to our use of such room and facilities. Further, we agree to indemnify the Library from any costs for repair of any damage that may be caused to the room, facilities, or equipment by such use.

We understand the regulations regarding use of these facilities and agree to abide by them, and we understand that no admission charge is permitted unless approved in advance by the Library Board of Trustees.

Name (Print) _____

Signature _____ Date _____

