



Crete Public Library

1177 Main St | Crete, IL 60417 | 708-672-8017

Application for Meeting Room Use

Complete this application and submit to the Administrative Assistant at least one weekday prior to requested date.

ORGANIZATION NAME: _____

REQUESTOR'S NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

PURPOSE OF MEETING: _____

DATE REQUESTED: _____ START TIME*: _____ END TIME*: _____

ROOM REQUESTED**: Large Room (90) _____ DeMuth Room (45) _____ Board Room (14) _____ Engel Room (10) _____

EXPECTED ATTENDANCE: _____ GROUP ELIGIBILITY**: Type I _____ Type II _____ Type III _____ Type IV _____

DO YOU REQUIRE A/V EQUIPMENT?: No _____ Yes (Include *Request for A/V Equipment Use* form) _____

*Time requested must include set up and clean up of rooms by the room users.

** See full *Meeting & Study Room Policy* or *Request for A/V Equipment Use* form for complete meeting room or group descriptions and fees.

By signing this application, I understand my group is responsible for the following (please initial):

- _____ We must clear the room **15 minutes before closing.**
- _____ We are responsible for setting up the room and returning it to its original condition.
- _____ We are responsible for providing any accommodations requested in accordance with the ADA.
- _____ Arrangements for use of A/V equipment must be made in advance, and we are responsible for operating it during our meeting.
- _____ Fees, if required, must be paid before a room reservation is confirmed.
- _____ Cancellations must be made 24 hours in advance or fees will be forfeited.
- _____ If we arrive late, we cannot expect our reservation to be extended.
- _____ Arrival more than 15 minutes late constitutes a no-show. No-shows may lose meeting room privileges.
- _____ We are responsible for abiding by all other aspects of the *Meeting & Study Room Policy*.

The undersigned agrees to indemnify and hold harmless the Crete Public Library District, its officers, agents, and employees, from any and all claims, actions, suits, proceeding costs, expenses, damages and liabilities, including attorney's fees, arising or resulting from the occupancy of the Crete Public Library meeting rooms.

I have read the *Meeting & Study Room Policy* and agree that myself and all attendees will comply with the terms of use. I understand that failure to comply may result in expulsion or denial of future reservations.

Requestor's Signature: _____ Date: _____

May we give out your name, phone # and email to those interested in your meeting? Yes _____ No _____

For Internal Use Only

Date application received: _____ Approved By: _____

Date approved: _____ Fees required: \$ _____ Date fees paid: _____

If not approved, reason: _____