Warrenville Public Library District Meeting Room Reservation Request

After reviewing the Library's "Public Use of Meeting Room" Policy, please complete and submit this form by email to jackie@warrenville.com or mail/deliver to the Warrenville Public Library District, 28W751 Stafford Place, Warrenville, IL 60555. Reservation requests must be received at least one week in advance of the requested date.

| ABOUT YOU & YOUR ORGANIZATION: | | |
|---|----------------------------|---|
| YOUR NAME: | | |
| YOUR ORGANIZATION'S NAME: | | |
| PURPOSE OF THE MEETING: | | |
| PHONE NUMBER: | | |
| EMAIL ADDRESS: | | |
| Reservation Category: A. Organization of which Library B. Government entity serving the | | Community |
| C. Warrenville Library Cardholder | | |
| D. Other organization | | |
| For organizations of which the Library is a member, government Warrenville community and Warrenville Library cardholders reserv more than 90 days in advance of a reservation date and a minim reservation date. For all other organizations reservations are accepted no more the reservation date and a minimum of one week prior to the reservation. | ations are acoum of one we | cepted no eek prior to the |
| Date Requested (mm/dd/yy): End time: | Mon – Thurs | 10 am – 8:30 pm 10 am – 6:30 pm 10 am – 4:30 pm |
| Room Requested: East Only West Only East & West & | t combined | ation and is |
| Set up (\$50) (Table & chair setup and take down) Auditorium Classroom Square Discussion | U-Sha | ped Discussion |
| | than 9 hours 250) | |

(Continued on other side)

to comply with all provisions of the Warrenville Public Library District Public Use of Meeting Room Policy. You understand that failure to comply with the regulations set forth in the policy may result in termination of your organization's right to use the Library meeting room facilities. In submitting this request you also agree to indemnify and hold harmless the Warrenville Public Library District from all claims, actions, suits, proceedings, costs, expenses, damages, and liabilities, including attorney's fees, arising out of, or resulting from the occupancy or use of the meeting rooms. You agree to accept full responsibility on behalf of your organization for use of the Library's meeting rooms. You will be required to present your library card or photo I.D. to gain entry to the room on the date of the reservation. Signature Date Printed Name OFFICE USE ONLY Approved: Not approved: Reason: _____ Fee due \$ _____ due by _____ Date and amount of Fee received (if required) \$ ______ Date: _____ Reservation cancelled Date: ______ Reason: ______ Date and amount of fee refunded (if required) \$ _____ Date: ____

In submitting this request, you confirm that you are 18 years of age or older and have read and agree