

Date of Application _____

Please Fax to Meeting Rooms 630-879-9118

**BATAVIA PUBLIC LIBRARY DISTRICT
MEETING ROOM APPLICATION**

Name of Group (Please provide accurate and full name as this will appear on the meeting room schedule)

Date or dates room is requested: **Time Room is needed:**
(Exact dates must be entered)

Anticipated Attendance _____ #Chairs requested _____ #Tables needed (max 12) _____

Meeting Room requested: ___ Conference Room ___ Full Meeting Room ___ Half Meeting Room

Please provide sketch of preferred set up for full or half meeting room. There are to be no tables in the Meeting Room Vestibule or tables in the Library Lobby. Please adhere to the maximum number of people allowed per room.

Equipment: Mark which equipment will be needed for your event.

The following equipment can be provided at no additional charge: **PLEASE DO NOT MOVE EQUIPMENT OR THE WALL. IF YOU NEED ASSISTANCE WITH ANYTHING, PLEASE ASK.**

___ Chairs ___ Tables (maximum 12) ___ Lectern ___ Slide Projector
___ Easel/Flip Chart ___ Piano ___ Screen
___ Overhead Projector ___ TV with VCR ___ Speaker System

The library does not have an LCD projector or Laptop available for general Meeting Room use.

10 South Coffee House conveniently located adjacent to the meeting room, is available to provide refreshments. They can be reached at 406-8870. No outside vendors or caterers are allowed in the Meeting Rooms. All drinks in the meeting room must be covered. Thank you for your consideration.

GENERAL DESCRIPTION AND PURPOSE OF MEETING

PLEASE NOTE THE FOLLOWING POLICY:

Meeting Room applications will be accepted after Dec 1st for the months of January through June. Applications will be accepted after June 1st for the months of July through August. Meeting room reservations will only be processed on a first come, first serve basis. This applies to **all** groups using the meeting room. There are no permanent reservations for meeting room spaces. All meeting room usage must have a current application filled out and on file. Meeting room usage is limited to 1x per month unless approved by the Director on a short term, limited time basis. There is a \$25.00 per use charge for for-profit groups. Please remember all library sponsored activities take priority over any outside groups. If you have any questions regarding the use of the meeting room or would like to make a reservation, please call Laura Hensley at 630-879-1601

I understand that I, on behalf of my organization, am accepting financial responsibility for repairs or replacement of library property or equipment that may result from our use. I understand that the Library can hold my group responsible for any significant repairs or cleanup.

CONTACT NAME (PLEASE PRINT) _____

Signed _____ Daytime Phone _____

Address _____ Evening Phone _____

PLEASE SIGN IN AT THE CHECK OUT DESK WHEN YOU ARRIVE
IN MANY SITUATIONS THERE IS A GROUP USING THE MEETING ROOM IMMEDIATELY
FOLLOWING ANOTHER GROUP SO PLEASE TAKE A MINUTE TO CLEAN UP AFTER YOUR MEETING

-----OFFICE USE-----

APPROVED Date _____ Name _____

DISAPPROVED Date _____ Name _____ Reason: _____