

Meeting Room Reservation Application Form

To request a reservation the Meeting Room Application Form should be made to the Administrative Librarian of the Poplar Creek Public Library District, 1405 South Park Avenue, Streamwood, Illinois 60107, Phone: 630.837-6800., Fax: 630-837-6823

Group Name: _____

Type of Organization: _____ Contact Name: _____

(must be a Poplar Creek Public Library District cardholder- # _____)

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Daytime Fax Number: _____

E-mail Address: _____

Please circle the applicable answers:

Will beverages be served? Yes No

Will food be served? Yes No

Will your group require the use of the warming kitchen? Yes No

ROOM SET-UP _____ MUST BE GIVEN BEFORE THE DAY OF MEETING

Day and Date

Requested: _____

Meeting Times –

Start: _____ Finish: _____

When requesting meeting time, please be sure to include adequate time for your group's setup and cleanup.

Total Estimated Attendance: _____ Number of Children: _____ Number of Adults: _____

Brief Description of the Nature of the Meeting

By completing this application, the applicant agrees that they have read and will abide by the Poplar Creek Library District's Meeting Room Policy (a copy of which is attached) and to hold harmless, defend and indemnify the Board of Library Trustees of the Poplar Creek Public Library District and its officers, agents and employees from and against any and all claims, demands, causes of action, losses, liabilities, damages and expenses, including attorney's fees, arising from or related to the group or organization's use of the meeting room and other facilities.

Signature: _____ Date: _____

For Office Use Only:

Calendar: Yes _____ Set-up: Yes _____

Date Application Received: _____

Approved or Denied/Date: _____

Date Group Notified of Approval/Denial: _____