



Meeting Room Application

Please review the Library's Meeting Room Policy before filling out application. Returned completed application with payment (*check or money order made payable to the Glenwood-Lynwood Public Library*) to:

Glenwood-Lynwood Public Library District
Doreen Berrien, Business Office
19901 Stony Island Avenue
Lynwood, IL 60411

708-758-0090 x25

*Meetings cannot begin before the library is open to the public,
and must conclude no later than 15 minutes before the library is to close for the evening.*

Date: _____

Full Legal Name of Organization- _____

Permanent address of organization _____

Phone number _____

email address _____

Name of Responsible person for organization _____

phone # of contact _____

Glenwood-Lynwood Library card cardholder _____ library card number 2 6088 _____

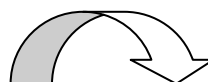
Description of meeting to be held:

Circle one: Civic Cultural Educational

Date Requested: _____ Time requested _____ Projection Screen? _____

Approx # of attendants _____ Serving Food _____ Type of food _____

Over Please



Meeting Room Arrangements and Fees

Fees for renting meeting rooms are as follows:

Glenwood-Lynwood library card holder in good standing:	Room 1 or 2 - \$25 per 4 hour occurrence
	Room 1 & 2 - \$50 per 4 hour occurrence
No Glenwood-Lynwood library card	Room 1 or 2 - \$75 per 4 hour occurrence
	Room 1 & 2 - \$100 per 4 hour occurrence

Meeting Room Fees must be paid at time of application.

No refunds will be given once the room(s) are reserved if a cancellation occurs other than by the Library.

Large Meeting Room seats 80. If divided, each room seats 40. These numbers indicate stadium seating. The rooms will not hold the same number of people with a table set up. The library has ten 3 ½ foot tables and six 6 foot tables for public use.

Room Requested: Meeting Room 1 or 2 (small) Meeting Room 1& 2 combined (large)

Meeting Room Setup

Stadium _____ (best for movies etc)

Panel _____ (best for meetings where you have a panel talking to an audience)

Seats _____

Tables _____

Seats _____

If you would like a different setup, please attach a diagram.

I have read the GLPLD Meeting Room Policy and agree to all terms contained within. I hold the Library harmless for any reason during the use of the meeting room(s).

Applicant Signature: _____

Office Use Only

Received Fee Payment _____ **cash/check #** _____ **Staff Date/Time/Initials** _____

Director Approval _____ **date** _____

List of Damages occurred during room rental:

Staff Signature _____

date _____