



MEETING ROOM RESERVATION FORM

Organization: _____

Library Card # _____

Address: _____

Phone Number: _____

Date(s) Requested _____

Meeting time: From: _____ To: _____

Room Requested:

____ Conference Room (Seating capacity 18, Set-up A only)

____ Large Meeting Room (Seating capacity 200)

Room Set-up: (see examples on back)

Set-up Style _____ # of Tables _____ # of Chairs _____

- A) Conference Style B) Theater Style C. Classroom Style D) Hollow Square Style

Equipment available upon request:

____ LCD Projector ____ Slide Projector ____ TV/DVD ____ Piano

____ Overhead Projector ____ Speaker Podium ____ Screen ____ Laptop

Will you be serving refreshments? (A \$25.00 non-refundable fee is required to serve refreshments)

____ Yes ____ No

Additions or changes to this form must be made at least 3 days prior to the date of the 1st meeting requested. Rooms will not be reserved until the meeting room application is completed and fees have been paid.

I have received a copy of the meeting room policy adopted by the Elk Grove Village Public Library Board of Trustees. The organization shall abide by said rules and regulations and shall indemnify and hold harmless the Elk Grove Village Public Library from any loss, cost, expense or damages occasioned by the use of the meeting room.

Name: _____

Date: _____

Signature: _____