

MEETING ROOM RESERVATION AND USE AGREEMENT

Date of Application:	<u></u>			
Name of organization/group:				
Representative (must be over 18	and attend entire meeting):			
Representative's Orland Park	Public Library card nur	nber:		
2 1315		_ Expiration D	Date:	_
Poproportativo's address:			(must be current to reserve a roon	n)
Representative's address:		City	Zip	
Representative's phone number Home:				
Email Address:				
	To be used for Librar	y business only.		
	to twelve (12) meetins in advance, but no le	ess than ten (ndar year. Meeting rooms may 10) business days in advance. T d Regulations for more details.	
 Meetings may be scheduled do Monday-Friday: 9:30 a. Saturday: 9:30 a.m. – 4: Sunday: 1:30 p.m. – 4: 	.m. – 8:30 p.m. in Meet 4:30 p.m. in Meeting Ro	ting Room 104 oom 102.	4 and Meeting Room 102.	
Groups may arrive at the me meeting rooms must be vacate			scheduled meeting start time. losing.	Al
Date/Time requested: (one me	eeting date per form):			
Date:	Day:			
Start Time:	End Time:			

Alternate Date requeste	d if date on first page is not available:
Date:	Day:
Start Time:	End Time:
Date:	Day:
Start Time:	End Time:
	used for the following purpose:
9	num capacity fifteen (15) people. Four tables in a large rectangle chairs with a dry erase board. There are no audio-visual capabilities.
	ter style seating with a maximum capacity of eighty (80) chairs. Three (3) ne room and three (3) tables are in the back of the room.
Number of people expect	ed:
Special set-up reques	ts will not be accommodated.
Kitchen Requests:	
	lable. All paper products, coffee, coffee pots, tea, condiments, etc. need to ser and be removed upon completion of the meeting.
Refreshments to be	served:
Please see Meeting Roo black frosting are not per using.	n Policy for food regulations. Please note red and/or blue colored drinks and red, blue and/onitted in the meeting rooms. Please bring plastic tablecloths to place on the tables before

Audio-Visual Equipment:				
Library staff must operate this equipment.				
Screen Podium Podium Microphone Internet access Wireless microphone: Handheld or clip on (please circle one) CD/Cassette player VCR/DVD player LCD projector for laptop/PowerPoint presentations (You must provide your own laptop.)				
Consent:				
I hereby acknowledge that I have read and I agree to abide by the Orland Park Public Library's <i>Meeting Room Policy</i> and <i>Rules and Regulations</i> .				
I, and the agency, group, organization or business I represent, will ensure compliance with the code restrictions relating to meeting room occupancy limits and with fire and safety regulations.				
I, and the agency, group, organization or business I represent, will be responsible for all others in the room during our use of the Orland Park Public Library's meeting room.				
I, and the agency, group, organization or business I represent, will be responsible for the willful or accidental damage by attendees, during our use of the meeting room, of the Library building, grounds, furniture and/or equipment and shall be responsible for the prompt reimbursement to the Orland Park Public Library for any damage to the above said Library building, grounds, furniture and/or equipment.				
I, individually and on behalf of the agency, group, organization or business I represent, must indemnify and hold harmless the Orland Park Public Library, its Board of Library Trustees, all Library staff, and the Village of Orland Park for any and all accidents should any be incurred arising from or during the course of our use of the room pursuant to this application.				
I will be present throughout the scheduled meeting.				
I understand that no special requests will be accommodated.				
I will include the statement "The Orland Park Public Library is not a sponsor of the organization and its program" on all publicity.				
I will not use the Library's address and/or phone number as my organization's contact point.				
I understand that failure to comply with the <i>Meeting Room Policy</i> and <i>Rules and Regulations</i> may result in a loss of meeting room privileges.				

Today's date:		
Representative's signature:		
Representative's signature:App	olication must be signed for	r request to be processed.
RESERVATIONS ARE NOT FIN	IAL UNTIL CONFIRM	ED BY SIGNATURE BELOW.
Date application received in Adn	ninistration:	
APPROVED		
Date:	Room #	Request #
Staff signature: _		
NOT APPROVED		
Date:	Room #	Request #
Staff signature: _		
Reason:		
Email notification date:	Call notific	cation date: