

Meeting Room Application for Use



Scheduling Details

Today's Date: _____ Date of Event: _____

Time (including setup & clean up): from _____ am pm
to _____ am pm

Contact Information

Organization: _____

Event Purpose: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Equipment Needs

_____ Number of chairs (up to 55)

_____ Number of tables (up to 8)
Tables are 30" x 60"

The following items require an orientation with library staff before your meeting:

LCD Projector

Projection Screen

Conference Phone

Laptop Computer
(limited availability)

[More information →](#)

Type of Use

Is your group a non-profit, community organization, or local government or other civic group? Yes No

Is this a private event (not open to the public)? Yes No

Will attendees pay to attend this event? Yes No

Will your group do any fundraising at this event? Yes No

Will any products or services be sold at this event, directly or indirectly? Yes No

Signature

By signing or entering my name digitally below, I agree that I am familiar with the Lake County Library District's Meeting Room Policy. I agree that I and my organization will abide by the Meeting Room Rules of Use. I further agree that I or my organization will pay the room fee (if applicable) and take responsibility for any loss or damage to the property, building, furnishings, artwork, or equipment that results from the group's use of the facility.

Signature: _____ Date: _____

Staff Use Only:

Reviewed by: _____ Date: _____ accepted denied

Date contacted about decision: _____

Hours of Use: _____ Fee (if applicable): _____ Date Paid: _____

Notes: _____
