

## Orland Park Public Library MEETING ROOM RESERVATION AND USE AGREEMENT

Date: \_\_\_\_\_

Name of organization/group:

Type of group:  Government     Community organization

Non-profit     Business (\$50 per hour fee)

Representative (must be over 18 and attend entire meeting):

Representative's Orland Park Public Library card number:

2 1315 \_\_\_\_\_

Representative's address:

Representative's phone number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Meeting Room Reservation:

A single group may book up to 12 meetings per calendar year. Meeting rooms may be reserved up to 3 months in advance, **but no less than one week in advance**. The library will assign a meeting room to the group. See the *Rules and Regulations* for more details.

Meetings may be scheduled during the following times:

- Monday-Friday: 9:30 a.m. – 8:30 p.m.
- Saturday: 9:30 a.m. – 4:30 p.m.
- Sunday (September-May): 1:30 p.m. – 4:30 p.m.

Groups may arrive at the meeting room 30 minutes before the scheduled meeting start time. All meeting rooms must be vacated no later than 8:45 p.m., Monday through Friday; and 4:45 p.m., Saturday and Sunday.

**Date/Time requested** (one meeting date per form):

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Alternate Date(s)/Time(s) requested:**

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Purpose**

The meeting room will be used for the following purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Meeting Room Set-up:**

Please choose one of the following set-ups:

- Theater—maximum 150 chairs
- Classroom—maximum 44 chairs, 22 tables, 2 people per table
- Conference—maximum 88 chairs, 22 tables, 4 people per table
- Other—please describe below

Number of people expected: \_\_\_\_\_

Number of chairs: \_\_\_\_\_

Number of tables: \_\_\_\_\_

(Tables are 5 feet long and seat only 2 people per side.)

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you need additional tables/chairs, please describe above. Please include placement, i.e. back of the room, front of the room, etc.



- 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 will include the statement "The Orland Park Public Library is not a sponsor of the organization and its program" on all publicity. All publicity must be approved by the Public Information Coordinator prior to the event.
- 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 *Meeting Room Policy and Rules and Regulations* may result in a loss of meeting room privileges.

Date: \_\_\_\_\_

Representative's signature: \_\_\_\_\_

**TO REQUEST A MEETING ROOM, THIS COMPLETED FORM MUST BE SUBMITTED. RESERVATIONS ARE NOT FINAL UNTIL CONFIRMED BY SIGNATURE BELOW.**

Date application received in Administration: \_\_\_\_\_

Received by: \_\_\_\_\_

**APPROVED**

Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

**NOT APPROVED**

Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Reason:

Notification mail date: \_\_\_\_\_