

PLEASE
REVIEW
THE

**EAST CHICAGO PUBLIC LIBRARY
MEETING ROOM REQUEST FORM**

LIBRARY'S MEETING ROOM POLICY

Date of application: _____

NAME OF ORGANIZATION: _____

Contact Name: _____ Phone: _____

Mailing Address: _____ email address: _____

Date Needed: _____ Start Time: _____ End Time: _____

Purpose of the meeting: _____

Expected Attendance: Adults: _____ Children: _____ TOTAL: _____

A non-refundable rental fee is required at least 24 hours in advance for the Meeting/Conference Room use. See our Meeting Room Policy for more details.

Library location & room:

Main Library

_____ Meeting Room (Capacity = 140)

_____ Study Room 1 (Capacity = 5)

_____ Study Room 2 (Capacity = 6)

Pastrick Branch

_____ Meeting Room (Capacity = 140)

_____ Conference Room (Capacity = 76)

_____ Study Room (Capacity = 4)

Equipment and Facilities Requested:

_____ Tables (Quantity)

_____ Audio Visual Equipment _____

_____ Easel (flip charts & supplies are not provided)

_____ Kitchen *

_____ Chairs (Quantity)

_____ Display of library materials

_____ Microphone _____ Podium

_____ Coffee Pot

**Any beverage that could stain such as fruit punch and orange drink, are NOT permitted in the Meeting Rooms. Clear beverages such as 7-Up and ginger ale are permitted.*

STATEMENT OF RESPONSIBILITY: The organization agrees to abide by all regulations of East Chicago Public Library regarding use of the facilities and accepts full responsibility for any damage caused to the building, furnishings and equipment resulting from this meeting, other than normal wear. The group will vacate the building 30 minutes before closing. The undersigned responsible cardholder has read and retains a copy of the policy for the use of the meeting room and received instructions.

Print Name

Signature

LIBRARY STAFF COMPLETES SECTION BELOW:

Patron Library Card #: _____ Setup: _____ Staff Initials: _____

Amount Due: \$ _____ Amount Paid: \$ _____ Date Paid: _____

Library Board Approved on 8-19-15