



Meeting Room Application

| REQUESTOR'S INFORMATION | |
|--|-----------------------|
| Name of Person Making the Request: | Name of Organization: |
| Email: | Phone: |
| Address: | |
| Name of Alternate: | Phone: |
| General Description & Purpose of the Meeting(s) | |
| Does your organization have a 501c3 certificate? <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>Please attach a copy.</i> | |

| MEETING INFORMATION |
|---|
| Date(s) of Meetings: 1. _____ 2. _____ 3. _____ |
| Time of Meeting(s) Start: _____ <i>Please add a minimum of 30 minutes to your meeting start time to allow for set-up.</i> End: _____ <i>All meetings must end 30 minutes before Library closing time.</i> |
| Number expected to attend: |
| Indicate which room you wish to reserve <input type="checkbox"/> Meeting Room A (has sink)-holds 100 <input type="checkbox"/> Meeting Room B-holds 100 <input type="checkbox"/> Meeting Room A & B-holds 100 <input type="checkbox"/> Meeting Room C (small kitchen) -holds 85 |
| Room Set-Up Number of Tables _____ Number of Chairs _____ Classroom Style <input type="checkbox"/> U shape <input type="checkbox"/> Theatre <input type="checkbox"/> Other <input type="checkbox"/> |
| Equipment |
| The following equipment is available upon request and will be set up for you by staff. <input type="checkbox"/> Screen, Laptop & Projector - \$25 <input type="checkbox"/> Sound System - \$10 <i>Please check that your equipment has an HDMI port or bring an adapter to connect to an HDMI.</i> |
| Food/Beverages |
| Refreshments not requiring a heat source may be served. Alcoholic beverages may not be served. Food and uncovered beverages may not be taken into other areas of the library. <i>The library does not</i> |

provide refreshment supplies such as coffee pots, cups, plates, trays, containers, paper goods, tea, and coffee.

Will food be allowed at your meeting? Yes or No

Fees

The full fee applies to all or any part of a timeslot. Consecutive timeslots are expected to flow from one timeslot directly into another, and, carry a fee equal to 50% of the initial timeslot.

No admission fee may be charged and no request for donations may be made.

| | |
|---|--|
| Matteson Organizations w/501c3 status and HOAs | \$25 for a three-hour block of time. \$15 for each additional consecutive three-hour block of time on the same day. |
| Matteson Residents, Businesses, and Non-Residents with 501c3 status | \$75 for a three-hour block of time. \$35 for each additional consecutive three-hour block of time on the same day. |
| Non-resident businesses | \$150 per three hours |
| Room Set up and Clean up Charge | \$25.00 |
| Equipment | |
| Total | \$ |

Please read and initial the following statements.

I understand that:

because the Library is a public building it is subject to the Americans with Disabilities Act and it is my responsibility to comply with any special accommodation requests of disabled persons under the Act.

_____ (initials)

the public liability insurance coverage of the Library does not cover the negligence of the organization using the meeting room or any of its members or guests, nor does it protect the organization if a suit is brought against it. The organization will indemnify and hold harmless the Trustees and staff of the Matteson Area Public Library District from any loss or liability by virtue of its use of the meeting room to the full extent permitted by law.

_____ (initials)

the Library is not responsible for equipment, supplies, materials, or any personal possessions owned by those sponsoring or attending the meeting. I agree to indemnify and save harmless the Trustees and staff of the Matteson Area Public Library District for all accidents which may be sustained on the premises. I agree to reimburse the Matteson Area Public Library District for all willful and/or accidental damages that occur to the library building, grounds, furniture, furnishings, or equipment resulting from this use of the meeting room.

_____ (initials)

the Library may require me to provide a certificate of insurance naming the Library as an additional insured and that failure to provide that certificate of insurance will result in the denial of this application to use the meeting room.

_____ (initials)

the Library requires a 501c3 certificate to demonstrate non-profit status and be exempt from rental fees.

_____ (initials)

any and all publicity concerning our use of the meeting room will include the following phrase: **"This event is not sponsored by or endorsed by the Matteson Area Public Library District."**

_____ (initials)

I have read the Matterson Area Public Library District policy on the use of the meeting room and agree to comply with all regulations.

Signature: _____

Date: _____

Staff Member: _____

Date: _____