

LIBRARY MEETING ROOMS NOW AVAILABLE FOR PUBLIC USE!



There are two separate entrances that allow quick access to the sink and Vending Area to purchase snacks, beverages & coffee. The wall partition is not totally soundproof.

- **Full Meeting Room (A & B):** Seating for **95** auditorium style or **48** at eight individual tables; built-in surround sound system, ceiling projector, large ceiling screen, AV operated podium.
- **Large Meeting Room (B):** Seating for **50** auditorium style or **24** at four individual tables; built-in sound system, ceiling projector, large ceiling screen, AV operated podium.
- **Small Meeting Room (A):** Seating for **30 to 40** people. Medium projector & white board screen.

MEETING ROOM	GROUP I (Library)	GROUP II (RP Gov't)	GROUP III (RP Non-Profit)	GROUP IV (RP Businesses)	GROUP V (ALL Non-Residents)
Full Room (A& B)-95	No fee	No fee	No fee	\$20.00/hr	\$30.00/hr
Large Room (B)-50	No Fee	No Fee	No fee	\$15.00/hr	\$25.00/hr
Small Room (A)-35	No fee	No fee	No fee	\$10.00/hr	\$15.00/hr

Laptop Computer Fee: \$20 for the use of a library owned laptop computer.

OFFICE USE ONLY

Group Name: _____
 Group Type: (G) _____
 Series?: Y / N Date(s) Reserved: _____

Date Approved/ Staff Initials: _____

MEETING ROOM USE APPLICATION [D1a] and Liability Waiver/ Indemnification Agreement

ORGANIZATION INFORMATION

ORGANIZATION NAME: _____ TODAY'S DATE: _____

PURPOSE OF MEETING (briefly explain): _____

PROGRAM TITLE: _____ PROJECTED ATTENDANCE _____

GROUP TYPE (please check one):

____ (Group 2) Government Agency serving Richton Park
 ____ (Group 3) Richton Park Non-Profit Community Organization
 ____ (Group 4) Richton Park Business
 ____ (Group 5) Non-Richton Park Resident

Do you plan to publicize to the general public? YES _____ / NO _____

If yes, please comply with the publicity rules & submit documents to the Library Director (see Policy D1/H).

MEETING ROOM INFORMATION

DATE(S) OF MEETING(S): (1st Choice) _____

(2nd Choice) _____

TIME OF MEETING (include set up & cleanup)

Set-Up Begins: _____ Clean-Up Ends: _____ Time-Frame of TOTAL meeting (w/SetUp & CleanUp): _____

DO YOU NEED MEETING SERIES DATES: (ie: **Weekly**: Every Monday @ 4pm; ie: **Bi-Weekly**: Every 1st/ 3rd Tuesday @ 5pm)
 (ie: **Monthly**: Every 4th Wednesday of the month @6pm)

If yes, please specify: Every 1st/ 2nd/ 3rd/ 4th
 Mon Tues Wed Thurs Fri Sat @ _____ am / pm

ARE YOU SERVING REFRESHMENTS? YES _____ / NO _____

If yes, please comply with the food rules (see Policy D1/I).

PLEASE NAME THE SNACKS YOU ARE SERVING: _____

ROOM REQUEST:

FULL ROOM (A & B): _____ SMALL ROOM (A): _____

LARGE ROOM (B): _____ ADULT STUDY ROOM: _____

FEE CHART:

MEETING ROOM	GROUP I (Library)	GROUP II (RP Gov't)	GROUP III (RP Non-Profit)	GROUP IV (RP Businesses)	GROUP V (All Non-Residents)
Full Room (A & B)-90	No fee	No fee	No fee	\$20.00/hr	\$30.00/hr
Large Room (B)-50	No Fee	No Fee	No fee	\$15.00/hr	\$25.00/hr
Small Room (A)-35	No fee	No fee	No fee	\$10.00/hr	\$15.00/hr

Laptop Computer Fee: \$20 (no special software will be installed). Please consult with tech staff for AV set up.

Do you need a Laptop Computer? Y YES _____ NO _____

OFFICE USE ONLY: PAYMENTS

PAYMENT OPTIONS: CERTIFIED CHECK _____ MONEY ORDER _____ CASH _____

YOUR FEE: # of HOURS _____ X \$ _____ / HR = _____ TOTAL OWED.

DATE PAID: _____ STAFF MEMBER: _____

CONTACT INFORMATION

(18 years old with a valid Richton Park Library Card)

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

EMAIL: _____

EMAIL 2: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

LIBRARY CARD NUMBER: _____

ALTERNATE/ EMERGENCY CONTACT NAME _____

ALTERNATE/ EMERGENCY CONTACT PHONE: _____

LIABILITY WAIVER / INDEMNIFICATION AGREEMENT

I have read and understood, and agree to comply with the Richton Park Public Library District Meeting Room Policy (attached).

I hereby fully release and discharge the Richton Park Public Library District, the Library Board of Trustees, its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may arise which may be alleged to have arisen out of, or in connection with the above meeting(s) in the Richton Park Public Library District.

I further agree to indemnify and hold harmless and defend the Richton Park Public Library District, its Board of Trustees, officers, agents and employees and volunteers from any and all claims resulting from injuries, including death, damages and losses, including but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above meetings in the Richton Park Public Library Districts

Signature/ Date: _____

Print Name: _____

PLEASE RETURN FORM TO:

Richton Park Public Library District
22310 Latonia Lane, Richton Park, IL 60471

EMAIL: library@richtonparklibrary.org

FAX: 708.481.4343

MEETINGS SCHEDULE:

Monday-Friday: 10:30am-7:30pm

Saturday: 10:30-1:30pm

Sunday: Closed

