

LIBRARY MEETING ROOM AVAILABLE FOR PUBLIC USE



There are two separate entrances that allow quick access to the Sink Area.

- **Full Meeting Room (A & B):** Seating for 75 auditorium style or 40 at ten individual tables; ceiling projector (HDMI connection), large projector screen, and deluxe computer speakers are available for laptop presentations upon request.
- **Large Meeting Room (B):** Seating for 50 auditorium style or 32 at eight individual tables; ceiling projector (HDMI connection), large projector screen, and deluxe computer speakers are available for laptop presentations upon request.
- **Small Meeting Room (A):** Seating for 25 to 30 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)-75	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)-25	No fee	No fee	No fee	\$10.00/hr.	\$15.00/hr.

Richton Park Public Library District

22310 Latonia Lane, Richton Park, IL 60471 ~ 708.481.5333 ~ www.richtonparklibrary.org

"Enriching the Lives of the Community Through a Good Library Experience"

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 4) Richton Park Business
 ____ (Group 3) Richton Park Non-Profit Community Organization _____ (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/Set Up & Clean Up): _____

DO YOU NEED MEETING SERIES DATES: (i.e.: Weekly: Every Monday @ 4pm; i.e.: Bi-Weekly: Every 1st/ 3rd Tuesday @ 5pm)
 (I.e.: 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?

DURING COVID RESTRICTIONS, NO REFRESHMENTS ALLOWED

SCHEDULING
 BLOCK
 JAN-MAY _____
 SEPT-DEC _____

ROOM REQUEST:

FULL ROOM (A & B): _____

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) -75	No fee	No fee	No fee	\$20.00/hr	\$30.00/hr
Meeting Room B -50				\$15.00/hr	\$25.00/hr
Meeting Room A -25				\$10.00/hr	\$15.00/hr

Please consult with tech staff to schedule tutorial for AV training(you must take training in order to use AV equipment).

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

OFFICE USE ONLY: PAYMENTS

PAYMENT OPTIONS: CERTIFIED CHECK _____ CREDIT _____ 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: _____

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: 10:15am-7:45pm

Saturday: 10:15-1:45pm

Sunday: Closed

