



# South Holland Public Library Meeting Room Use Application

TO REQUEST A MEETING ROOM, COMPLETE AND RETURN THIS FORM.  
A single group may book up to twelve (12) meetings per year. Meeting rooms must be reserved at least three (3) weeks in advance.  
See 6.0 Meeting Room Policies & Application for details.  
**ONE MEETING REQUEST PER APPLICATION FORM.**

**NAME OF ORGANIZATION/GROUP:**

**BRIEF DESCRIPTION OF THE MEETING PLAN:**

**TYPE OF GROUP:**

- \_\_\_\_\_ South Holland governmental organization
- \_\_\_\_\_ South Holland community organization
- \_\_\_\_\_ South Holland business holding a non-commercial meeting
- \_\_\_\_\_ Nonprofit Organization (Provide a 501 Determination letter)

**APPLICANT INFORMATION:**

Doors will not be opened until this applicant arrives, and she/he must attend the entire meeting.

Name (must be 18+): \_\_\_\_\_

South Holland Public Library card number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**MEETING ROOMS ARE AVAILABLE FOR USE:**     *Saturday.....10:30 a.m.–4:00 p.m.*  
*Monday–Thursday.....10:30 a.m.–8:00 p.m.*     *The Library allows for up to 15 minutes before and after the meeting for*  
*Friday.....10:30 a.m.–5:00 p.m.*                     *your group to gather and disperse.*

**DATE & TIME REQUESTED:**

**1st choice:**

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

Time: \_\_\_\_\_

**2nd choice:**

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

Time: \_\_\_\_\_

**MEETING ROOM REQUESTED:**

Community Room (Capacity 50)

Small Meeting Room (Capacity 10)

**ARE YOU SERVING REFRESHMENTS?**

Yes  No Please note there is no kitchen access

If yes, what are you serving? \_\_\_\_\_

**AV EQUIPMENT REQUESTED:**

DVD/Blu-ray player

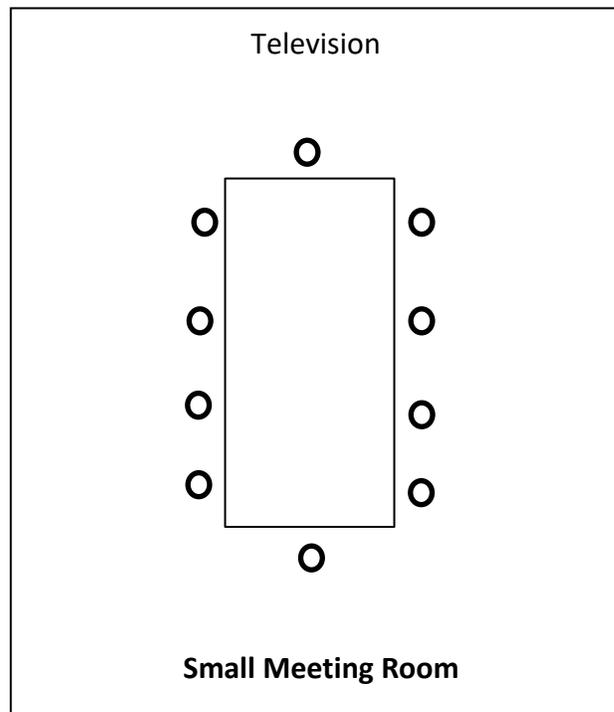
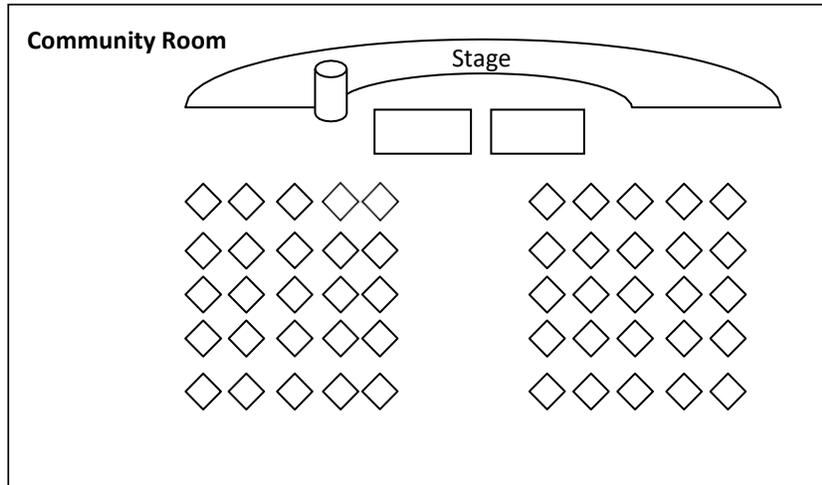
LCD projector

Microphone

Screen

Television

**NUMBER OF PEOPLE EXPECTED** \_\_\_\_\_



**CONSENT:**

\_\_\_\_ I state the above information is true and correct. I further state I have received a copy of *6.0 Meeting Room Policies & Application* and I (and the group, club, or organization) shall abide by the regulations of the South Holland Public Library and shall indemnify and hold the South Holland Public Library harmless from all claims, actions, suits, proceeding costs, expenses, damages, and liabilities, including attorney’s fees, arising out of, or resulting from the occupancy or use of the premises by the group.

\_\_\_\_ I understand failure to comply with *6.0 Meeting Room Policies & Application* may result in a loss of meeting room privileges.

\_\_\_\_ I will include the statement **“This meeting/program is not a South Holland Public Library activity”** in **all meeting publicity thus establishing the South Holland Public Library is not a sponsor of my organization’s program.** I will not use the Library’s address and/or phone number as my organization’s contact point.

SHPL Cardholder Signature: \_\_\_\_\_

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

**LIBRARY AUTHORIZATION:**

A COMPLETED FORM MUST BE SUBMITTED TO REQUEST A MEETING ROOM. RESERVATIONS ARE NOT FINAL UNTIL CONFIRMED BY LIBRARY STAFF SIGNATURE BELOW. The applicant will be notified within seven (7) business days if the reservation has been confirmed or denied.

**STAFF USE**

\_\_\_\_ Reservation Confirmed

Room Reserved \_\_\_\_\_

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

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

**-OR-**

\_\_\_\_ Reservation Denied

Library staff signature: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patron Notification sent via \_\_\_\_\_ email

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

Input on Website Calendar of Events by: \_\_\_\_\_

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