

Bellwood Public Library

600 Bohland Avenue
 Bellwood, Illinois 60104
 (708) 547-7393
 Fax (708) 547-9352

APPLICATION FOR MEETING ROOM USE

| | |
|-------------------------------------|--|
| Application Date: | |
| Organization/Group Name: | |
| Specific Purpose of the Meeting(s): | |

Dates(s) and Time(s) requested (if more space is required, attach a separate sheet):

| Day | Date | Time (example:1:00-3:00) | Day | Date | Time: |
|-----|------|--------------------------|-----|------|-------|
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|------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Room requested: | <input type="checkbox"/> | Large (limit 123 persons) | <input type="checkbox"/> | Small (limit 20 persons) |
|------------------------|--------------------------|---------------------------|--------------------------|--------------------------|

I have read the Bellwood Public Library policy on the use of its meeting rooms and agree to comply with all regulations. I also understand the Library is not responsible for equipment, supplies, materials or any personal possessions owned by those sponsoring or attending the meeting described above. I agree to indemnify and save harmless the staff and trustees of the Bellwood Public Library and the Village of Bellwood for any and all accidents which may be sustained on the premises. I agree to reimburse the Bellwood Public Library for any and all willful and/or accidental damages that occur to the library building, grounds, furniture, furnishings or equipment resulting from this use of such room.

| | |
|--|--|
| Signature | |
| Print Name | |
| Address | |
| Phone Number | |
| Bellwood Public Library Card # | |
| Adult Sponsorship Clause (if meeting is for persons under the age of 18): | |
| I am over the age of 18 and agree to be the adult sponsor present at the meeting(s): | |
| Signature | |
| Print Name | |

BELLWOOD PUBLIC LIBRARY MEETING ROOM DEPOSIT

| | |
|---|--|
| Date: | |
| Organization or Group Name: | |
| \$50.00 Deposit Received from: (member's name) | |
| Member's phone number: | |
| Member's address | |
| Deposit Received by: (staff member's name) | |

After meeting(s) are over, please return deposit check to:

| | |
|----------|--|
| Name: | |
| Address: | |
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| | |

For staff use only

At time of deposit make a photocopy this sheet, with check attached, for the organization member depositing the check.

Complete after meeting(s) are over:

| | | | | |
|--|---|---------|---|-----------|
| Deposit returned to person named above | _ | by mail | _ | in person |
| Date: | | | | |
| Staff member's signature | | | | |

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|------------------------------------|
| Staple Deposit Check Here |
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Library keeps this form when deposit is returned in person.
When deposit is returned by mail, this form is mailed to the patron and a photocopy is retained by the library.