

Purpose

The meeting room will be used for the following purpose: _____

Fees

Businesses: \$50.00 per day _____

Use of Library's A/V equipment \$25.00 per day _____

Total: _____

List A/V equipment needed: _____

All fees must be received no later than two (2) weeks before the date of the program or meeting.

Consent:

- I hereby acknowledge that I have read and I agree to abide by the Matteson Public Library's *Meeting Room Policy and Rules and Regulations*. Furthermore, I understand that failure to comply with *Meeting Room Policy and Rules and Regulations* may result in a loss of meeting room privileges.
- I, and the agency, group, organization, or business I represent, will ensure compliance with the code restrictions relating to meeting room occupancy limits and with fire and safety regulations.
- I and the agency, group, organization or business I represent, will be responsible for all others in the room during our use of the Matteson Public Library's meeting room.
- I and the agency, group, organization or business I represent, will be responsible for the willful or accidental damage by attendees, during our use of the meeting room, of the library building, grounds, furniture and/or equipment and shall be responsible for the prompt reimbursement to the Matteson Public Library for any damage to the above said library building, grounds, furniture and/or equipment.
- I, individually and on behalf of the agency, group, organization or business I represent, must indemnify and hold harmless the Matteson Public Library, its Board of Library Trustees, all library staff, and the Village of Matteson for any and all accidents, should any be incurred arising from or during the course of our use of the room, pursuant to this application.
- I will be present throughout the scheduled meeting.
- I will include the statement "The Matteson Public Library is not a sponsor of the organization and its programs" on all publicity. All publicity must be approved by the Library Director prior to the event.
- I will not use the library's address and/or phone number as my organization's contact point.

Date: _____ Representative's Signature: _____

**TO REQUEST A MEETING ROOM, THIS COMPLETED FORM MUST BE SUBMITTED.
RESERVATIONS ARE NOT FINAL UNTIL CONFIRMED BY SIGNATURE BELOW.**

Date application received by staff: _____

Received by: _____

Date application received by administration: _____

Received by: _____

APPROVED

Date: _____

Staff Signature: _____

NOT APPROVED

Date: _____

Staff Signature: _____

Reason: _____

Notification mail date: _____

Matteson Public Library
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Phone: 708 748-4431 ext. 14 - Administrative Fax: 708 748-0579