

# White Oak Library District Meeting Room Application

Crest Hill Branch

Lockport Branch

Romeoville Branch

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Desired Date(s): \_\_\_\_\_

Time of Reservation: (Note: Reservation must end 15 minutes prior to Library closing)

Begins:

Ends:

Description of the program/meeting: \_\_\_\_\_

Number of people:

Number of chairs:  
(max 50-100)

Number of tables:  
(max 20-30)

**See Section V, Paragraphs F and G of the Meeting Room Policy for who can apply**

Person Making Application (primary contact): \_\_\_\_\_

Primary Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

*The group using the room is responsible for setting up furniture. You will be charged for any damage to the room or its contents, or expenses incurred by the District as a result of use. Credit card information must be provided before we will process your request.*

Credit Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp.: \_\_\_\_\_ ZIP: \_\_\_\_\_

Secondary Contact (required): \_\_\_\_\_

Secondary Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

**I have read the policies governing the use of the meeting rooms and agree to follow the rules and regulations stated therein.**

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

Application for the use of a Library room does not guarantee approval. See Section V, Paragraph C for booking periods.

For more information, please contact the Branch Manager at the respective Branch.

Crest Hill: abyrne@whiteoaklibrary.org, Lockport: pjarog@whiteoaklibrary.org, Romeoville: bkrakovec@whiteoaklibrary.org

**FOR LIBRARY USE:** Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Notes: \_\_\_\_\_