

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 Branch Manager: 815-552-4278, Lockport Branch Manager: 815-552-4185, and Romeoville Branch Manager: 815-552-4225.

FOR LIBRARY USE: Date Received: _____ Received by: _____

Approved _____ Denied _____ Notes: _____