

Edwardsville Public Library
Tel: (618) 692-7556 Fax: (618) 692-9566

112 S. Kansas St.
Edwardsville, IL 62025

APPLICATION FOR MEETING ROOM USE

Date of Application _____

Organization or Group Name _____

Are 50% or more of the group/organization or group's regular membership residents of the Edwardsville Public Library service area?

Yes _____ No _____

Requested date (s):

Date _____ **Day of the week** _____ **Time** _____

Date _____ **Day of the week** _____ **Time** _____

Purpose of meeting _____

In consideration for the use of the meeting room (s), we agree and acknowledge that:

- 1) We have read the Edwardsville Public Library policy on the use of the meeting room (s) and agree to comply will all regulations.
- 2) We understand that failure to comply with such regulations may result in termination of the right to use the Library meeting room facilities.
- 3) We also understand that the Library is not responsible for equipment, supplies, materials, or any personal possessions owned or leased by those sponsoring or attending the meeting described above.
- 4) We agree to indemnify and save harmless the Edwardsville Public Library for any and all damages that occur to the library building, grounds, furniture, furnishings, or equipment resulting from this use of such meeting room (s).

Name of applicant _____

Signature _____

Address _____

Phone Number _____ Email _____

Is the applicant 18 years or older? Yes _____ No _____

Is the applicant a library card holding resident of the Edwardsville Public Library?

Yes _____ No _____

Select: **Public Meeting Room** (capacity 80) _____

Conference Room (capacity 12) _____

Authorized Library Signature _____

Date of receipt of application _____