## HODGKINS PUBLIC LIBRARY DISTRICT

## **Application for the Public Meeting Room**

		Date of Requ	est:
Name of Organization:			
Address of Organization:			
Date(s) of Program:			
Time of Program: (program must	end at 15 minutes pr	ior to library closing)	
Begins: End	ds:		
Describe Program/Meeting:			
Number of People:(max 60)	Number of Chairs:	_(max 60) Number of	Tables:(max 5)
Person Making Application (prim	nary contact):		
Address:			
Telephone:	Email:		
The group using the room is a will be charged for any dama	-	s contents, or expenses	
Secondary Contact (required):			
Address:			
Telephone (different than primary	y):	Email:	·
I have read the policies governi rules and regulations stated the	· ·	eting rooms and agree	to follow the
In the event this application is gra	anted:		
<ol> <li>I do hereby agree to abide by a District Meeting Room Policy,</li> <li>I do hereby indemnify and hold District of Hodgkins, Illinois, i damages which may be sustain</li> <li>I do hereby agree to reimburse Hodgkins, Illinois on demand or equipment resulting from out</li> </ol>	receipt of which is acknown that the Library Boats employees and agents, ed while on the premises the Library Board of Truof any and all damages to	owledged; bard of Trustees of the Hodgl from any and all loss, costs, stees of the Hodgkins Public the Hodgkins Public Library	kins Public Library expenses, injuries or Library District of
Signature:			
Application for the use of the Lib approved on a first come, first ser	=	ot guarantee approval. A	applications will be
For information, p	lease contact the Lib	rary Director: 708-579-	1844
**For Library Use** Date Rec'd	Approved?	Date Approved	Initials