

Antioch Public Library District Meeting Room Reservation Request

757 North Main Street, Antioch, IL 60002
847-395-0874 x 9053 publicrelations@apld.info

It is the Policy of the Antioch Public Library District to make its meeting rooms available to non-profit organizations, community groups and businesses for educational, cultural, intellectual or the planning of charitable activities. Use of the meeting room for any activity inconsistent with the Library District’s purposes will be denied or terminated.

Conditions of Reservation Request:

- **No reservation will be confirmed without a completely filled out Meeting Room Reservation Request.**
- Availability of reservation dates will not be provided over the phone prior to the submission of reservation request form.
- Large Meeting Room Reservation Request (over 15 people) must be filed one (1) month in advance.
- Person applying for the use of the room must have a valid Antioch Public Library District library card.
- This same applicant shall be considered the person responsible for the use of the room.
- Library-sponsored activities shall be given priority of use.
- Meeting rooms may be used only during the public library operating hours. All meetings room usages must terminate 15 minutes prior to library close time.
- To allow for the use of the room space by others please make cancellations a minimum of 24 hours in advance.
- Request to serve food must be made at time of reservation request. Due to health code constraints some request for permission to serve food may be denied.
- The meeting rooms must be picked up before leaving the building and all equipment or supplies brought in by reservation group must be removed at time of departure.
- Due to high volume usage, the Eide Room may be reserved only once per quarter.
- Users must comply with all applicable provisions of the Americans with Disabilities Act including the providing of a Signer upon request.

1st Date Choice: _____ **2nd Date Choice:** _____ **Time:** _____

Name of Organization: _____

Address of Organization: _____

Purpose of Meeting: _____ **Number Expected:** _____

Contact Person (please print): _____

Contact Person’s Library Card #: _____

Contact Person’s Position in Organization: _____

Contact Person’s Telephone Number: _____ **Email:** _____

Contact Person’s Home Address: _____

Contact Person Signature: _____

Commercial Group?	YES	NO
Nonprofit Organization?	YES	NO
Private Individual?	YES	NO

Waiver of Liability:

I hereby absolve the Library of any responsibility arising from injuries, death, property loss, damage, or theft sustained by any person or entity resulting from or related to the use of the meeting room, the library building or its grounds, including the veranda and parking lots. For its event, meeting or program.

SIGNED: _____

POSITION: _____ **DATE:** _____

Regulation Regarding Advertisements of Events or Meetings:

Copies of any flyers, brochures, posters, or advertisements of the meeting/event/program and any materials to be distributed at the meeting/event/program must be provided to the Library at least two (2) weeks prior to the date of the meeting/event/program and must comply with the following regulations:

- A telephone number must be provided so that persons interested will be able to obtain information without contacting the Library.
- The material must contain the following statement: "The Antioch Public Library District neither sponsors nor endorses this (Meeting/Event/Program) nor the presenting individual or organization."
- The material must state that the public is invited to attend.
- The material must not promote the products or services of any company.
- The material must indicate compliance with the Americans With Disabilities Act.

I hereby agree to comply with the above advertising restrictions and in so doing commit our organization to this compliance.

SIGNED: _____

POSITION: _____ **DATE:** _____

LIBRARY STAFF

Staff Person Taking Information: _____ **Date:** _____

LIBRARY DIRECTORY OR DESIGNEE:

Booking Approved: YES _____ NO _____ **Published Date:** _____

Room Assigned: _____

Notice of room approval sent: _____ **Contacted by:** Mail _____ Email _____

Reason for denial: _____

Notice of denial sent: _____ **Contacted by:** Mail _____ Email _____

Approval of food request: Yes _____ No _____ **Reason:** _____