



# ROCK ISLAND PUBLIC LIBRARY

## APPLICATION TO USE THE SMALL MEETING ROOM

DATE OF MEETING: \_\_\_\_\_

All applications shall be submitted on this form, signed by a responsible party, and submitted to the Library Business Office for approval.

When the Library Business Office is closed, this form shall be submitted to the Librarian in Charge.

NAME OF GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

PURPOSE/TYPE OF FUNCTION: \_\_\_\_\_

**TIME SCHEDULE** MEETING BEGINS: \_\_\_\_\_ MEETING ENDS: \_\_\_\_\_ LEAVE: \_\_\_\_\_

Note: Please schedule your meeting to allow for clean up. You are expected to be done in the meeting room at least 30 minutes before Library closing.

The Small Meeting Room can only be used for two (2) hours at a time.

GROUP SIZE: \_\_\_\_\_ The Small Meeting Room is limited to six (6) individuals.

### ADDITIONAL REGULATIONS:

There are no permanent, standing reservations for the Small Meeting Room. Reservations can be made up to one (1) week in advance, and are processed on a first-come, first-served basis, with the exception of Library programs.

The door to the Small Meeting Room must be left open during the duration of use.

This room cannot be used as a place of business. Any items left in the room will be placed in the Lost and Found at the Circulation desk.

### ACKNOWLEDGEMENT AND CERTIFICATION:

I hereby certify that the information provided on this application form is complete and accurate. I understand and acknowledge that I am the official representative of and contact person for my group, and that I am accepting financial responsibility for any damage to property and/or equipment that may result from my group's use, the consequences of which may include fines and/or loss of privileges.

I have read and agree to adhere to the Small Meeting Room Rental Policy.

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY APPROVE  YES  NO DATE: \_\_\_\_\_ INITIALS \_\_\_\_\_

NOTES: \_\_\_\_\_