Blue Island Public Library

Meeting Room Application Form

The Blue Island Public Library serves the educational, informational, occupational, cultural, and recreational needs of its patrons. The Library provides a meeting room space to eligible groups for uses that clearly reflect these purposes. Use of the Library's meeting room for activities that are inconsistent with these purposes will be denied. Before completing this form, applicants are expected to read the Meeting Room Policy.

The Library Director, and when applicable under the meeting room policy, the Library Board of Trustees, will consider the meeting room policy when determining approval or denial of a Meeting Room Application.

Per BIPL policy, meeting rooms are not available for the following uses/groups:
Commercial/ "for profit" organizations*, religious worship, political party meetings, social events including but not limited to showers, parties or dances, groups or applicants who have previously violated the policy or misrepresented the nature of the purpose of the room use.

Fees are to be paid prior to room use. Room use will be denied if fees are not paid. Room use fees:
$20/hour - **NON** Blue Island Library cardholders   / $10/hour – Blue Island Library cardholders

Application Date _____   Event date: _____
Applicant Name _____ Organization Name _____
Start time: _____ End time: _____ # attending _____
Room needed (circle one) :   Small (up to 10 people)   Large (up to 50 people, fewer with tables)

Please describe in detail the purpose of the room use. Lack of enough description will only delay approval.

_____

_____

Please describe room set up/equipment needs. (Available: tables, chairs, screen and LCD projector)

_____

Please describe any accommodations needed for individuals with special needs

_____

I/We hereby agree to abide by the rules and regulations regarding the use of this room as set forth by the Blue Island Public Library Meeting Room Policy; to indemnify and hold harmless the Director, Staff and Board of Trustees of the Blue Island Public Library and the City of Blue Island for any and all accidents which may be sustained on the premises, and to be responsible for any and all willful and/or accidental damages to the Library building, grounds and equipment resulting from the use of a meeting room.

Authorized Signature	Printed Name	Telephone number
Fax number	E-mail address	Library card number

Street Address	City	State	Zip Code

Library Director _____   Date: approved/not approved _____

Amount due: _____ Amount pd./date/initials: _____ check number/cash _____

Please use the back of this form or attach any additional information as needed.
*one on one or group tutoring and depositions are allowed in the small conference room; fees apply