

**MEETING ROOM APPLICATION AND AGREEMENT**

Name of Organization: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name of Bloomington resident group member: \_\_\_\_\_

Group Contact Name: \_\_\_\_\_

Group Contact Street Address: \_\_\_\_\_

Group Contact City/Zip Code: \_\_\_\_\_

Group Contact: Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Estimated Attendance of Meeting: \_\_\_\_\_

I respectfully request permission to use the library meeting room on the following date, or dates, at the times indicated (specify starting and ending times):

**PLEASE NOTE THE FOLLOWING:** The meeting rooms **must be vacated fifteen minutes** before the Library is closed. Closing times for the Library are as follows:

Monday – Thursday	9:00 a.m. – 9:00 p.m.
Friday and Saturday	9:00 a.m. – 5:00 p.m.
Sunday (Sept. – Mid May)	1:00 p.m. – 5:00 p.m.

<u>Date of Meeting</u>	<u>Start Time</u>	<u>End Time</u>	<u>Date of Meeting</u>	<u>Start Time</u>	<u>End Time</u>
___/___/___	_____	_____	___/___/___	_____	_____
___/___/___	_____	_____	___/___/___	_____	_____
___/___/___	_____	_____	___/___/___	_____	_____
___/___/___	_____	_____	___/___/___	_____	_____

Permission is requested to serve refreshments (there is an additional fee of \$5.00 to serve refreshments, or have use of the kitchen):  Yes  No

If yes, please list refreshments to be served (be specific): \_\_\_\_\_

\_\_\_\_\_ We hereby acknowledge that prior to our use of the Meeting Room, we will have, or we already have, reviewed the Bloomington Public Library policies, rules and regulations governing the use of the room. We, individually

and on behalf of the Organization, agree to abide by all such policies, rules and regulations regarding our use of the room. Further, the Organization will undertake its best efforts to cause all others in the room during our use thereof to abide by the policies, rules and regulations.

We do hereby further agree to indemnify and hold harmless the Board of Library Trustees of the Village of Bloomingdale (and the Village of Bloomingdale), as well as their respective officials, officers, Trustees, employees, servants and agents, from any and all claims, demands, causes of action and any and all other expense, including attorney's fees, should any be incurred arising from or during the course of our use of the room pursuant to this Application.

We shall also be responsible for any and all damage caused to the library building, the premises, and the library equipment and other personal property, whether said damage is negligently or willfully caused as a result of our use of the meeting room.

**Fees must be paid at the time the application form is submitted to the business office. In the event the library cancels a meeting, the meeting room fees will be reimbursed.**

I, \_\_\_\_\_, as the contact person of \_\_\_\_\_  
(Please print) (Please print)

agree that our group will abide by the rules stated in the Meeting Room Use Policy of the Bloomingdale Public Library.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: In the event of a tornado warning being issued, the designated area to take shelter in is Meeting Rooms A/B on the lower level.**

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**PLEASE DO NOT WRITE BELOW THIS LINE**  
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Fee (\$10.00) each meeting\*: Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Kitchen (\$5.00) each meeting: Received \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

\*Library, Friends of the Library and Bloomingdale Intergovernmental Group (BIG) participants excluded.

\_\_\_\_ Approved: modifications or restrictions, if any: \_\_\_\_\_

\_\_\_\_ Disapproved: Reason for disapproval, modifications or restrictions: \_\_\_\_\_

\_\_\_\_\_  
Library Director

\_\_\_\_\_  
Date