



Sandwich Public Library District
925 South Main Street
Sandwich, Illinois 60548
815/786-8308 FAX 815/786-9231

APPLICATION FOR USE OF PUBLIC MEETING ROOM

Date of Request: _____

Resident Card Holder (Print): _____

Address: _____ Email: _____

Home/Cell Phone #: _____ Work Phone #: _____

SANDWICH PUBLIC LIBRARY DISTRICT Card #: _____

Name of Organization: _____

Contact Person (if different from above): _____

Date(s) of Use: _____

Time Meeting Begins: _____ Ends: _____ Expected Attendance: _____

Nature of Meeting: _____

Expiration Date (one year from 1st reservation date for ongoing meetings): _____

Sandwich Public Library District is a municipal entity; therefore all meetings must be open to public attendance. The sale, advertising, solicitation, or promotion of products or services is not allowed in library meeting rooms. There is a \$50/per hour or portion thereof charge for any event going past closing time.

Please indicate if light refreshments will be served. ___ yes ___ no
Please indicate if use of AV equipment will be needed. ___ yes ___ no

There is a \$40.00 additional cash deposit, per meeting, when refreshments are served; users must provide the refreshments. The deposit will returned upon verification of no damage to furnishings and/or carpet. The Sandwich Public Library District complies with ADA regulations. Accommodations for a disability for any presentation at the library should be made by all groups using these facilities.

WAIVER:
I/we the Undersigned hereby waive and release any claims, causes of action, damages or demands may have against the Sandwich Public Library District, its Board of Trustees, and employees thereof arising out of or in connection with my use of the aforesaid room. I further agree to defend and hold harmless the Sandwich Public Library District, its Board of Trustees, and employees thereof from any claims, causes of action, damages or demands which: may be made on account of the aforesaid function. I further agree to assume all responsibility for the conduct and safety of my guests and assume all financial responsibility to make payment to the Sandwich Public Library District for any damages done to the Sandwich Public Library by myself or my guests while in attendance at this function.

I have read and understand the attached Meeting Room Policy and will personally guarantee and be responsible for compliance with them.

Signature: _____ Date: _____

STAFF USE ONLY

Approved by: _____ Date: _____

Fee Paid: _____ Room Assigned: _____