



Meeting Room Application

Please review the Library’s Meeting Room Policy before filling out application. Returned completed application with payment to:

Glenwood-Lynwood Public Library District
Tamera Taylor, Business Manager
19901 Stony Island Avenue
Lynwood, IL 60411

708-758-0090 x25

Meetings cannot begin until 9:30 AM Monday thru Saturday and must end no later than 7:30 PM Monday thru Thursday and at 4:30 PM Friday, and 12:30 PM Saturday.

Date: _____

Full Legal Name of Applicant - person or organization responsible for event _____

Permanent address of applicant _____

Phone number _____ **email address** _____

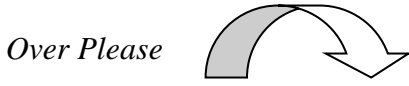
Main Contact _____ **phone # of contact** _____

Glenwood-Lynwood Library card number 2 6088 _____

Description of meeting to be held:

Date Requested: _____ Time requested _____ Projection Screen? _____

Approx # of attendants _____ Serving Food _____ Type of food _____



Meeting Room Arrangements and Fees

Large Meeting Room seats 90. If divided, each room seats 45. Fees for renting meeting rooms are as follows:

Non Profit Groups

Proof of 501(c)3 or tax exempt status may be requested by the library.

Small meeting room - \$25 per 4 hour (or any part thereof) per occurrence

Large meeting room - \$50 per 4 hour (or any part thereof) per occurrence

Businesses and other organizations/individuals:

Small meeting room - \$50 per 4 hour (or any part thereof) per occurrence

Large meeting room - \$100 per 4 hour (or any part thereof) per occurrence

HOAs and Village of Glenwood & Lynwood Community Meetings are FREE of Charge

Meeting Room Fees must be paid at time of application. Once scheduled, fees will not be refunded if an organization cancels meeting for any reason. Fees will only be refunded if the library cancels a reservation or if the library is closed for an emergency.

Room Requested: Meeting Room 1 or 2 (small)

Meeting Room 1 & 2 combined (large)

Meeting Room Setup

Stadium _____ (best for movies etc)

Panel _____ (best for meetings where you have a panel talking to an audience)

Seats _____

Tables _____ Seats _____

Applicant Signature: _____

Office Use Only

Received Fee Payment _____ **cash/check #** _____ **Staff Date/Time/Initials** _____

Director Approval _____ **date** _____

List of Damages occurred during room rental:

Staff Signature _____

date _____