

MAYWOOD PUBLIC LIBRARY DISTRICT

Andrew Carnegie Building

MEETING ROOM APPLICATION

(Please type or print clearly)

Name of Organization: _____

Staff Comments

Purpose of Meeting: _____

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Date(s) of Meeting: _____

Name of Individual making request:

Residence of contact person: (include street & zip code)

Address of Organization (include street & zip code)

Photo I.D. _____ yes _____ no

Phone and/ or cell # number of group contact person: _____

E-mail address of group contact person: _____

Library Card # of group contact person: _____

No. expected to attend & age range of attendees: _____

Set- up time: _____

Meeting time: _____

Equipment needed: (limited to availability)

Please indicate if food will be served

Yes _____ **No** _____

I have read the Meeting Room Policies and Regulations, and agree to be bound by all of the terms and provisions pertaining to our group's use of the Maywood Library District's meeting room and facilities. I understand that misrepresentation or falsifying of stated usage of the Library meeting rooms will result in a revocation of meeting room privileges.

Type of Organization

Profit _____ **Not for Profit** _____

Recognized by IRS as Non-profit? _____ yes _____ no

Date organization formed: _____

***Please attach 501C3 form**

Home: _____ **Work:** _____

_____ **No.** _____ **Age range**

Charge for participants? _____ yes _____ no

Begin _____ **End** _____

** Light refreshments are permitted. (Light refreshments include cookies, pastries, fruit, cheese and pizza, and beverages such as water, pop and punch.)*

Date: _____

Signed by: _____

*Deliver to: Reference Staff
Maywood Public Library District
121 South Fifth Ave.
Maywood, Illinois 60153-1307 P: (708) 343-1847*