



Application for Use of Meeting Room for Public Use Only

Name of Organization _____

Contact Person _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date Room is needed: _____

Time: _____ AM/PM To: _____ AM/PM Meeting starts at _____ AM/PM

J. Elizabeth Madden Auditorium (seats 150) \$100 minimum of 4 hours, \$200 for 8 hours. **** Complete set-up form on reverse side.**

A.E. Staley Jr. Mfg. Company Conference Room (seats 25) \$60 minimum of 4 hours, \$120 for 8 hours. Tables cannot be moved.

Library Board Room (seats 15). \$40 minimum of 4 hours, \$80 for 8 hours. Tables cannot be moved. (Available Open to 4:30 p.m. Monday through Friday only)

Children's Auditorium (seats 75) \$60 minimum of 4 hours, \$120 for 8 hours.

Purpose of meeting _____ Expected attendance: _____

Equipment needed: Podium Microphone Wireless Microphone Internet Access (wireless) Laptop Projector

Do you plan to serve food at the meeting? Yes No

If food or beverages are served, the organization using the room is responsible for cleanup. A \$25 cleaning fee will be charged if the room is not left clean. Alcoholic beverages and smoking are prohibited in the Library.

The Library reserves the right to adjust accommodations as needed. In the event of a library building emergency or a weather-related emergency, meetings may be cancelled.

Use of the Library's meeting rooms does not constitute Library endorsement of viewpoints expressed by participants in the programs. Advertisements or announcements implying such endorsement are not permitted.

Organizations using the Library's meeting rooms must comply with all applicable state and federal laws, such as hiring an interpreter or providing auxiliary aids required by the Americans with Disabilities Act when requested by the public.

LIBRARY STAFF WILL NOT TAKE OR DELIVER MESSAGES FOR MEETING PARTICIPANTS.

I have read and understand the Policy Use Statement. I also declare that I/the organization will be responsible to the Decatur Public Library for any damage to Library property incurred during or in connection with this meeting.

Signature _____ Date _____

**RETURN THIS FORM TO DECATUR PUBLIC LIBRARY ADMINISTRATION
130 N. Franklin Street, Decatur, IL 62523 Fax (217) 233-4071 Phone (217) 421-9712**

-----Library use only-----

Amount Due _____ Amount Paid _____ Approved by _____

Entered in Calendar Date Entered _____ Sent to Maintenance Date Sent _____

J. Elizabeth Madden Auditorium

Meeting Room Set-Up

How do you want the room arranged: (Check One)

- A. Theater Style (chairs only)
- B. Classroom style (tables and chairs)
- C. Other (please describe/sketch below)

****This portion of the form MUST be completed and returned with the
*Application for Use of the Meeting Room.***