

CHERRY VALLEY PUBLIC LIBRARY DISTRICT
755 E. State Street Cherry Valley, IL 61016-0449
Phone 815.332.5161 • Fax 815.332.2441

The Cherry Valley Public Library's Meeting Rooms are a shared resource within the Library district. Individuals and groups using the facilities are encouraged to treat the rooms, furnishings, and equipment with utmost care so that all may benefit. Non-profit and/or service organizations for which no fee is collected by the Library are further encouraged to consider an annual contribution to the library for cleaning, maintenance, and upkeep of the Meeting Rooms.

Date of Application _____

Name of Organization: _____

Address: _____ (street)

_____ (city)

_____ (state & zip)

Type of Organization/Activity: _____ Business/For-Profit _____ Not-for-Profit

Person Responsible for Application: _____

Library Card Barcode _____

Work Phone: _____ Cell: _____ Email: _____

Room requested: Large Meeting Room _____ Conference Room _____
Woodside Room _____ Literacy Room _____

Date(s) of Meeting: (Six weeks prior to event is the maximum reservation timeframe.)

Hours: _____ (beginning) _____ (ending)

Type of Meeting / Program: _____ Informational _____ Membership _____ Other (describe below)

Number of anticipated attendees _____

Equipment/Furniture needs: _____ Yes _____ No

If yes, please describe: _____

Refreshments:

Are you planning to provide refreshments? _____ Yes _____ No

If yes, please circle type: Beverages Finger Foods

Approved: _____ Not Approved: _____

*Note: the library is a non-smoking campus. Smoking is not permitted in the building or on the grounds, nor is alcohol, flammable materials or devices, or weapons.

I state the information provided is true and correct. I further state that I have received and read a copy of the Policy adopted by the Board of Trustees of the Cherry Valley Public Library District, that I and my organization will abide by and comply fully with that Policy at all times, and that I (and the above group, club, organization, if applicable), shall indemnify and hold harmless the Board of Trustees of the Cherry Valley Public Library District from and against any loss, cost, expenses, or damages occasioned by the use of the Meeting Room(s) and/or our failure to follow any part of the Policy.

Applicant Signature

DISCLAIMER:

The Cherry Valley Public Library District, by granting permission for the use of the Library facilities to any party, does not necessarily share, condone, or advocate any of the beliefs, purposes, or actions of the person, persons, organization, or activities, which are using the facility either while on or off the premises owned by the Cherry Valley Public Library District.

Application taken by: _____ Date Room Fee Paid: _____ Amount: _____

Approved by: _____ Reservations added to calendar: _____
Date staff initials

Confirmation sent: _____
Date staff initials

Post Room Condition

Date: _____ **Examined by:** _____

_____ Acceptable _____ Not acceptable

Notes: _____
