Application for Use of Meeting Room
for Government and Non-Profit Use Only

Today's Date ____________________________

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). **Complete set-up form on reverse side.


___ Library Board Room (seats 15). Tables cannot be moved. (Available Open to 4:30 p.m. Monday through Friday only)

___ Children's Auditorium (seats 75). **Complete set-up form on reverse side.

___ Computer Lab (seats 12, plus instructor).

Purpose of meeting ____________________________________________________________ Expected attendance: ______

Equipment needed: __Podium __Microphone __Wireless Microphone __Portable Speaker and Wired Microphone (Children's Auditorium and Staley Room) __Internet Access (wireless) __Laptop __Projector __70" AQUOS BOARD interactive display

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  To check meeting room availability, call (217) 421-9712

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

Approved by ___________________________________________
J. Elizabeth Madden Auditorium
or Children's 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.**