

**CRETE PUBLIC LIBRARY DISTRICT
MEETING ROOM APPLICATION**

NAME OF ORGANIZATION _____

CONTACT PERSON _____

Address _____ Phone _____

Fax _____ Email (optional) _____

MEETING DATE/S _____ TIME _____ to _____ NO. ATTENDING _____

PURPOSE OF MEETING _____

GROUP ELIGIBILITY ___ Type I ___ Type II ___ Type III ___ Type IV

ROOM FEES: ___ HOURS x \$ ___ /HR = _____ DATE PAID _____

SMALL MEETING ROOM _____ LARGE MEETING ROOM _____

LARGE ROOM SETUP: (please circle) table and chairs, theater style, school room style,
circle of chairs, other _____

ADA REQUIREMENTS The person signing this application will be held responsible for insuring that any oral or written promotions of the above meeting will include a special-accommodation-for-the-disabled phrase such as "individuals who plan to attend this program and who require certain accommodations in order to observe and/or participate in the program are requested to contact: _____ at _____ (phone no.) at least 5 working days prior to the program so that reasonable accommodations can be made for them". The organization sponsoring the meeting is responsible for arranging and funding the requested special accommodations.

RESPONSIBILITY - The person signing this application will be held responsible for any loss or damage occurring as a result of the use of this room. The person signing this application has reviewed library policies, rules, and regulations governing the use of the meeting room and agrees to abide by all such policies, rules, and regulations regarding use of the meeting room. Further, the Applicant will undertake his/her best efforts to cause all others in the meeting room during its use to abide by the policies, rules and regulations.

(Please fill in either line 1 or 2)

1. I _____, individually,
2. I _____, as agent for _____

agree to indemnify and hold harmless the Crete Public Library District as well as officials, officers, employees, servants and agents, from any and all claims, demands, causes of action and any and all other expense, including attorney's fees, should any be incurred arising from or during the course of use of the meeting room pursuant to this Application.

Signature of applicant Date

APPROVED NOT APPROVED _____
Administrative Librarian Date