



# Application for Use of Meeting Room for Government and Non-Profit 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) \$50 minimum of 4 hours, \$100 for 8 hours. **\*\*Complete set-up form on reverse side.**

A.E. Staley Jr. Mfg. Company Conference Room (seats 25) \$30 minimum of 4 hours, \$60 for 8 hours. Tables cannot be moved.

Library Board Room (seats 15). \$20 minimum of 4 hours, \$40 for 8 hours. Tables cannot be moved. (Available Open to 4:30 p.m. Monday through Friday only)

Children's Auditorium (seats 75) \$30 minimum of 4 hours, \$60 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) 424-2900, ext. 112**

-----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.***