



ROOM USE APPLICATION

ROOM REQUESTED:

- Event Space (seats up to 55, theater style) Learning Center (seats up to 20, classroom style)
- Collaboration Studio (seats up to 5)

DATE REQUESTED: _____ **# OF ATTENDEES:** _____

TIME REQUESTED: _____ a.m. or p.m. to _____ a.m or p.m.
(Available during library hours only: M-Th. 9a-9p; Fri. & Sat. 9a-5p, Sun 1-5p)

PURPOSE: _____

CONTACT INFORMATION:

Name: _____

Organization (if applicable): _____

Street Address: _____

City: _____ **State:** _____

Email: _____ **Phone:** _____

I agree to indemnify, defend and hold harmless the Lemont Public Library District, its officers, agents and employees from and against any and all claims, suits, actions of any kind relating to injuries or damage arising from any act or omission of the individual, group or organization's use of the meeting room.

I accept the terms of the *Library Room Use Policy* and agree to abide by all rules established by the Library.

Signature: _____ **Date:** _____

**Fees may apply. Refer to Room Use Fee Schedule for details.
Email form to spointon@lemontlibrary.org. Call 331-318-5502 with questions.**