



Name of Group _____ Application Date _____

Expected Attendance _____ Set Up Time _____

General Purpose of Meeting _____

Do you have a Certificate of Insurance? Yes/No

Equipment Needed: _____

Month Year	Date	Start	Finish	Room
August 2017				East/West/Youth
September 2017				East/West/Youth
October 2017				East/West/Youth
November 2017				East/West/Youth
December 2017				East/West/Youth
January 2018				East/West/Youth

By signing this application, I have read the Meeting Room Policy as posted on the library’s website governing usage and agree to comply with them. I agree to indemnify, defend and hold harmless the Library, its trustees and staff from and against any and all claims, demands, or actions that may be made or instituted against any of them arising out of the occupancy or use of the premises.

Signature: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

Itasca Community Library Card # 21317000 _____

In House Use Only:

Person Taking Application _____ Approved: Yes/No Entered _____ Initials _____

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