

Form 002
Community Meeting Room Form
North Chicago Public Library



Name/Organization: _____

Address: _____

Telephone Number: _____

Contact person: _____

Date of Meeting: _____

Day of Week: M Tue W Th F S

Meeting Time Start: _____ Meeting End Time: _____

Will Food/Drinks be served: Yes No

Number of Attendees: _____

Room Rental Rate: \$45; \$60 (for food/drinks) & \$10 Clean-up fee

A \$10.00 deposit is required.

Is this a 501(c) nonprofit organization? Yes No

I have read the Library's Community Meeting Room Policy and Regulations to follow the rules set forth.

Signature: _____

Date: _____

Staff Use only:

Date deposit paid on: _____

Date rental Rate paid: _____

This confirms that: _____ (Name of Organization) has use of the Community Meeting Room for the date and time above.

Director or Manager on Duty: _____