



100 S. Washington Street
Byron, IL 61010
815-234-5107
815-234-5582 (fax)

Application for use of meeting rooms

Day/Date of meeting: _____ (Use back for multiple dates)

Start time: _____ End time: _____

Name of group: _____

Contact Information:

Name _____

Address _____

Phone: Cell: _____ Business: _____ Home: _____

Email: _____

Room requested:

Meeting room (9 maximum) _____ Conference room (2 maximum) _____

Downstairs study room (1 maximum) _____ Upstairs study room (1 maximum) _____

Expected attendance _____

Event Type (Select one) Not for Profit _____ For Profit _____

Home Business Gathering _____ Birthday/Shower _____

Room will be used for _____

Special requests or comments _____

The undersigned, on behalf of the above organization, has read and agrees to comply with the policy and procedures governing public use of library rooms. The applicant also accepts full liability for any damage to facilities or equipment, and agrees to confine the organizations activities to the assigned room.

The Byron Public Library District will not be responsible for any materials or equipment left in the building.

Signature of applicant _____ Date _____

Amount charged \$ _____	STAFF INITIALS:		
Amount paid \$ _____	Reservation confirmed?	In Cozi?	In Spaces?
Notes:			