Markham Public Library
Meeting Room Use Application
Phone: (708) 331-0130 Fax: (708) 331-0137

Preferred day & time of meeting: _____/___:____ _____/___:____

1st Choice 2nd Choice

Expected number of meetings: ____

Expected attendance: _____

[Large Meeting Room Capacity 60 persons]

[Small Meeting Room Capacity 20 persons]

Meeting Start Time: _____ Ending Time: _____

Describe the type of meeting to be held:

_____

_____

_____

Name of Organization: _____

Organization Address: _____

_____, _____ _____

City State Zip

Contact Person Name: _____

Contact Person Phone: _____

Daytime #: _____ Evening #: _____

I have read the rules and regulations for the use of the meeting rooms and agree to comply with them. I assume total responsibility for any damages that may occur as a result of my use of this facility and agree to pay the total cost of any damages that may occur, over and above the amount of the deposit fee.

_____ _____

Signature of person to be contacted about meeting Date of Request

_____ _____

Signature of Library Director upon approval Date of Approval