

ILLINOIS PRAIRIE DISTRICT PUBLIC LIBRARY
208 E Partridge St
Metamora IL 61548

APPLICATION FOR CONFERENCE ROOM FACILITIES

Date of application: _____
Name of organization _____
Date(s) and time(s) facilities are desired: _____
From _____ AM or PM To _____ AM or PM
Expected attendance _____
Purpose of meeting: _____ _____
Special equipment _____
Are refreshments to be served? _____
If so, state what will be served _____ _____
As authorized representative of the above named organization I hereby request use of Illinois Prairie District Public Library facilities as indicated, and agree to fulfillment of regulations governing use of facilities.
Signature _____
Official position _____
Address _____ _____
Telephone _____

Do not write below this line.

Confirmation of scheduling:

Room no.: _____ Date: _____

Time: _____

Equipment: _____

Signature: _____

[Library Administrator]