**SUMMIT PUBLIC LIBRARY DISTRICT**

6233 S. Archer Rd

 Summit, IL 60501

(708) 458-1545 - Phone

(708) 458-1842 - Fax

Email: summitlibrary@yahoo.com

**APPLICATION FOR USE OF THE COMMUNITY ROOM**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours: From \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Organization/Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audio-Visual Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrangement of Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIBRARY HOURS**

Monday: 10:00AM - 8:00PM

Tuesday: 10:00AM - 8:00PM

Wednesday: 10:00AM - 8:00PM

Thursday: 10:00AM - 8:00PM

Friday: 12:00PM - 5:00PM

Saturday: 9:00AM - 3:00PM

Sunday: Closed

The library is not responsible for losses due to cancellation of meeting.

**RESPONSIBILITY:** The person signing this application will be held responsible for any breakage occurring during the use of the room by the group.

**INSURANCE:** The public liability insurance coverage of the library does not cover the negligence of the user(s) nor will it protect the user(s) if suit is brought against him or her.

**ADA:** Any person or group using the library’s facilities agrees to take on all responsibility for complying with ADA requirements.