

Today's Date _____

Galesburg Public Library Meeting Room Reservation Form

Sanderson Room (Capacity: 125 chairs, 15 tables & 60 chairs; floor space for children 225)

Day and date of meeting: _____

Name of organization: _____

Mailing address of organization: _____

Name and short description of meeting/program: _____

Number expected to attend: _____ Is the event not for profit? _____

If no, the room can only be used for not for profit events.

Will your event be advertised to the public? ____ If yes, please provide us with a flyer or press release.

Start time of program: _____

End time: _____ (room must be vacated at least 15 minutes before library closing time)

Time room is needed for set up: _____

Equipment needs: (No furniture set-up provided. Limited equipment assistance provided. Equipment requests must be made in advance.)

_____ Projector and DVD/VCR player **OR** _____ Laptop computers (up to 10)

_____ Projector and laptop **OR** _____ Laptop to play CD

_____ Projector and own equipment **OR**

Person reserving room: (print) _____

Contact person: _____

Phone: _____ E-mail: _____

Please check in with a library staff member when you arrive and when you leave.

- I have read the meeting room use policy and our organization will adhere to the rules stated.
- If we consume food or drink, we will clean the tables at the end of the program.

Group Representative

Mail to: 40 E Simmons St., Galesburg, IL, 61401 or *Fax to:* 309-343-4877. *Questions:* 309-343-6118