

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