



Meeting Room Reservation Form

PLEASE NOTE:

- ⇒ ROOM SETUPS ARE THE RESPONSIBILITY OF THE RESERVING PARTY
- ⇒ PLEASE INCLUDE SETUP AND TEARDOWN TIME IN YOUR RESERVATION REQUEST
- ⇒ AUDIOVISUAL EQUIPMENT AND CARTS ARE NOT PROVIDED BY THE LIBRARY
- ⇒ THERE IS A LIMIT OF 6 TABLES AND 25 CHAIRS PER ROOM AT BLACK ROAD

Date of _____ Time _____ # of
 Function: _____ From: _____ Time To: _____ Attendees: _____

I have received and read a copy of the *Meeting Room Policy* and the *Code of Conduct*.
 I agree to abide by both Joliet Public Library policies:

Signed: _____ Print Name: _____

Organization Name: _____

Address: _____ City: _____ Zip: _____

Library Card #: _____ Contact Phone Number: _____

Describe Event: _____

**Please return form to the to the Circulation Desks at either library branch,
 or scan and email to Dana Perry at dperry@jolietlibrary.org**

Library Staff Use Only		
Date & Initial When Complete: _____	Date submitted: _____	Room Assignment: _____