

# White Oak Library District Meeting Room Application

Select a Branch  Crest Hill Branch 20670 City Center Blvd.  Lockport Branch 121 E. 8<sup>th</sup> St.  Romeoville Branch 201 Normantown Rd.

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Desired Date (s): \_\_\_\_\_

Time of reservation

Note: Must end 15 minutes prior to closing. Start: \_\_\_\_\_ End: \_\_\_\_\_

Description of meeting: \_\_\_\_\_

Number of people: \_\_\_\_\_ Number of chairs: (max 50-100) \_\_\_\_\_ Number of tables: (max 20-30 2'x3') \_\_\_\_\_

## Primary Contact Information required

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Secondary Contact Information required

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

You will be charged for any damage to the room or its contents, or expenses incurred by the District as a result of use.

**CREDIT CARD INFORMATION MUST BE PROVIDED BEFORE WE WILL PROCESS YOUR REQUEST.**

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration \_\_\_\_\_ ZIP \_\_\_\_\_

**I have read the policies governing the use of the meeting rooms, and agree to follow the rules and regulations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application for the use of a Library room does not guarantee approval.  
For more information, please contact the Branch Manager at the respective Branch.

Crest Hill Branch  
Evangeline Stephenson  
estephenon@whiteoaklib.org

Lockport Branch  
Jessi Wakefield  
jwakefield@whiteoaklib.org

Romeoville Branch  
Brandon Swarthout  
bswarthout@whiteoaklib.org

## FOR LIBRARY USE

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved

Confirmed: \_\_\_\_\_

Via: Email Phone Person

Denied

CH: A B A/B C CPR

LP: A B A/B CPR

RV: A B CPR