APPLICATION FOR USE OF THE COMMUNITY ROOM

Submit application to: ATTN: Adult Services Dept.
Lansing Public Library
2750 Indiana Ave.
Lansing, IL 60438

Date :_____

Name of organization: _____

Purpose of organization: _____

Date(s) of meeting(s): _____

_____

Starting Time: _____ Ending Time: _____

Hours the room will be occupied: _____

Approximate number attending: Adults: _____ Children: _____

I have read the Lansing Library Meeting Room Policy and agree to comply with it and to assume full legal responsibility as provided by it.

INDEMNIFICATION: For and in consideration of the use of the community room and library facilities any person or group using same hereby agrees to indemnify and hold the Lansing Public Library and the Village of Lansing harmless from any and all causes of action, suits, judgments or settlement relating to its use of such room and facilities. Further, such person or group agrees to indemnify the Library and the Village for any and all costs for repair of any and all damages as may be caused directly or indirectly to the room and/or facilities by such use thereof.

COMPLIANCE WITH THE ADA (Americans With Disabilities Act): The person signing this application will be held responsible for insuring that any oral or written promotions of the above meeting will include a special "accommodations for the disabled" phrase such as, "individuals with disabilities who plan to attend this program and who require special accommodations in order to observe and/or participate in the program are requested to contact (name and telephone number) at least 10 (ten) days prior to the program so that reasonable accommodation can be made for them."

This application must be accompanied by payment if required. Make checks payable to Lansing Public Library. Time must be allowed for checks to clear the bank before the meeting.

Name: _____ Lansing Library Card # _____
please print or type

Signature: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Approved: _____ Date: _____

Fee Paid: $_____ Date: _____