



Danville Public  
**LIBRARY**

**Meeting Room Reservation Form**

Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Organization Status: Non-Profit: \_\_\_\_\_ No Fee  
For-Profit: \_\_\_\_\_ \$50 per hour or part of hour

Purpose of Meeting: \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Preferred contact method? Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date(s) of Meetings: \_\_\_\_\_

Time of Meeting(s): Include set up and clean up (can be up to 30 min. before and 30 min. after)

Set up will begin: \_\_\_\_\_ Meeting will begin: \_\_\_\_\_  
Meeting will end: \_\_\_\_\_ Clean up will end: \_\_\_\_\_

Which Meeting room do you wish to reserve?

Large Meeting Room (1st Floor, max 78): \_\_\_\_\_  
Cozy Meeting Room (1st floor, max 12): \_\_\_\_\_  
Conference Room (2nd Floor, max 16): \_\_\_\_\_

If using the Large Meeting Room or Cozy Meeting Room:

Will your group use the kitchen? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please indicate seating arrangement (Large Meeting Room only):  
Regular set-up (U-shaped tables, seats 40) \_\_\_\_\_  
Theatre seating (no tables, seats 78) \_\_\_\_\_  
Classroom seating (tables and chairs facing front, seats 40): \_\_\_\_\_  
Other: How many chairs? \_\_\_\_\_ How many tables? \_\_\_\_\_

If using Conference Room, please indicate seating arrangement:

Classroom seating (tables and chairs facing screen): \_\_\_\_\_  
Board meeting set-up (chairs around large table in center): \_\_\_\_\_

**In order to reserve a room, the Liability Waiver/Indemnification Agreement on the reverse side of this form MUST be signed.**

**NOTE: If using the Large Meeting Room or Cozy Meeting Room, you must notify Youth Services Staff**

when your meeting is finished.

### Liability Waiver/Indemnification Agreement

I have received, read, understood, and agree to comply with Danville Public Library's Meeting Room Policy.

I hereby release and discharge the Danville Public Library Board of Trustees, the City of Danville, its officers, agents, and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting(s) in Danville Public Library.

I further agree to indemnify and hold harmless and defend the Danville Public Library Board of Trustees, the City of Danville, its officers, agents, and employees from any and all claims resulting from injuries, including death, damages and losses, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above meeting(s) in Danville Public Library.

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Signature

Persons reserving the meeting room must be at least eighteen years of age.

Return this form to :

Danville Public Library  
319 N. Vermilion St.  
Danville, IL 61832

or  
[help@danvillepubliclibrary.org](mailto:help@danvillepubliclibrary.org)