

White Oak Library District Meeting Room Application

Select a Branch Crest Hill Branch 20670 Kubinski Dr. Lockport Branch 121 E. 8th 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 the 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
Amy Byrne
abyrne@whiteoaklib.org

Lockport Branch
Patricia Jarog
pjarog@whiteoaklib.org

Romeoville Branch
Beverly Krakovec
bkrakovec@whiteoaklib.org

FOR LIBRARY USE

Date Received: _____

Received by: _____

Approved

Confirmed: _____

Via: Email

Denied

Phone

Person

CH: A B A/B C CPR

LP: A B A/B CPR

RV: A B CPR