



Moline Public Library
3210 41st Street
Moline, IL 61265
Phone: 309-524-2440
Fax: 309-524-2453

Meeting Room Application

Non Profit Organization: _____

Name of Representative(s): _____

Position: _____

Address: _____

Primary Contact Phone: _____

Alternate Contact Phone: _____

Date of Meeting: _____

Time of Meeting: _____

Purpose of Meeting: _____

Number of persons expected: _____

Will Refreshments be served?
(if yes, please describe) _____

*I have read the Meeting Room rules for usage and will abide by them. I agree that I represent a **non-profit organization** and that no fees will be charged for entry into above said meeting. I agree that I will be responsible for any damages incurred during my use of the Moline Public Library meeting rooms, including any special cleaning necessary.*

Signature of group representative

Date

Staff use only:

Booked by (initials)

Date

Refreshments Approved by:

Room(s) to be reserved by group _____

Use of Moline Public Library Meeting Room Space: Approved [] Not Approved [] Admin Staff initials: _____