



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

Meeting Room Application

Name of Organization or Group: _____

Is your organization non-profit? (501c3 status may be requested): _____

Purpose of Meeting: _____

Name of Representative(s): _____

Position in organization: _____

Organization Mailing Address: _____

Primary Contact Phone: _____

Date of Meeting: _____ Time of Meeting _____

Number of persons expected: _____

Preferred Setup type
 _____ U-shape (16 maximum per room)
 _____ Classroom Style (24 maximum per room)
 _____ Chairs only (30 maximum per room)
 _____ Chairs & Tables in a Circle (20 maximum per room)
 _____ Other (specify below)

(set-up not applicable for Platinum Room)

Other Setup (please describe) _____

Will Refreshments be served? yes / no If yes, please describe: _____

For an additional \$25 per meeting, the Library can promote your organization’s meeting the lobby television screen, monthly e-newsletter and the display case outside the Gold Room. Please inquire at the circulation desk for more information on promoting your meeting.

I have read the Meeting Room rules for usage and will abide by them. 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) reserved by group

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