VILLAGE OF LINCOLNSHIRE

ROOM RESERVATION FORM

ROOM REQUEST		
☐ Community Room (50-114 people)	☐ Board Room (max. 75 people)	☐ Executive Conference Room (max. 18 people)

COMMUNITY ROOM SETUP DESCRIPTION / ILLUSTRATION	
Equipment requested (AV equipment unavailable) ☐ Screen ☐ Podium *AV equipment is not available	Room style (see room setup options below) ☐ Style 1 ☐ Style 2 ☐ Style 3 ☐ Style 4 ☐ Other (include drawing in box below)

APPLICANT / ORGANIZATION INFORMATION		
Requested date:	Start time:	End time:
Organization name:		
Address:		
Representative's name:	Email:	
Address:		
Phone:	Number of persons expected:	
Event description:		

AUTHORIZATION

I have received and read the Meeting Room Use Policy and I hereby certify the Organization detailed above meets the criteria stated therein. I will furnish information to verify this upon request. I understand any damage related to the event will be the responsibility of the Organization sponsoring the event. I further certify I am an Officer of the Organization empowered to request the room and accept responsibility on its behalf.

Signature: _____ Date: _____

Name (print): _____ Title: _____

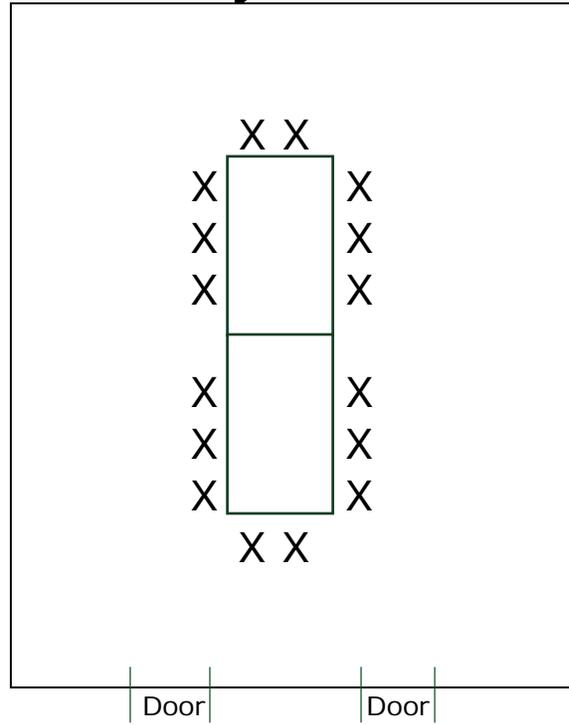| FOR OFFICE USE ONLY	
Approved By:	Date / time submitted:

Community Room Setup Options

X = Chair

Style 1

X

X   X
X   X
X   X

X

Door   Door

Style 2

X X

X   X
X   X
X   X

X   X
X   X
X   X

X X

Door   Door

Style 3

X X X

X   X

X   X
X   X
X   X

X   X
X   X
X   X

X   X

X X X

Door   Door

Style 4

X X X   X X X

X X X   X X X
X X X   X X X
X X X   X X X
X X X   X X X
X X X   X X X

Door   Door