



STAMP HERE

ROOM RESERVATION FORM

ROOM REQUEST

- | | | |
|--|---|--|
| <input type="checkbox"/> Community Room
(50-114 people) | <input type="checkbox"/> Board Room
(max. 75 people) | <input type="checkbox"/> Executive Conference Room
(max. 18 people) |
|--|---|--|

COMMUNITY ROOM SETUP DESCRIPTION / ILLUSTRATION

- | | |
|---|---|
| Equipment requested (AV equipment unavailable)
<input type="checkbox"/> Screen
<input type="checkbox"/> Podium *AV equipment is not available | Room style (see room setup options below)
<input type="checkbox"/> Style 1 <input type="checkbox"/> Style 2 <input type="checkbox"/> Style 3 <input type="checkbox"/> Style 4
<input type="checkbox"/> Other (include drawing in box below) |
|---|---|

Submit completed form via email to: receptionist@lincolnshireil.gov

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: _____

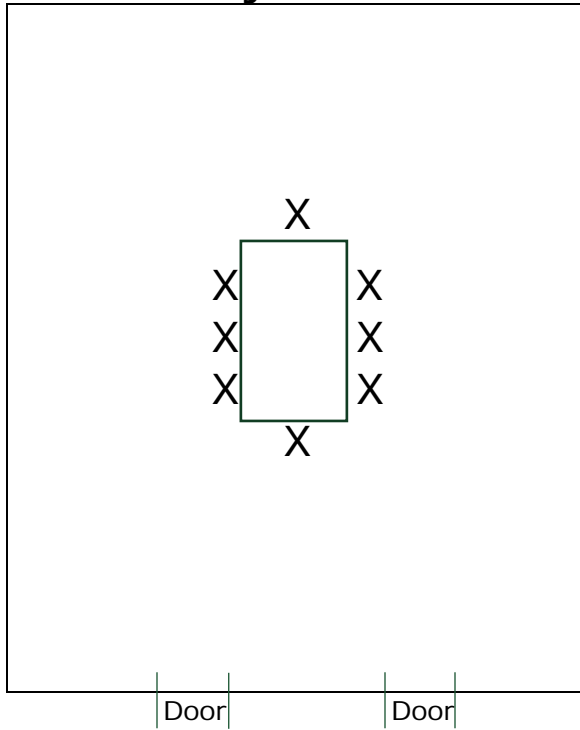
FOR OFFICE USE ONLY

Approved By:	Date / time submitted:
--------------	------------------------

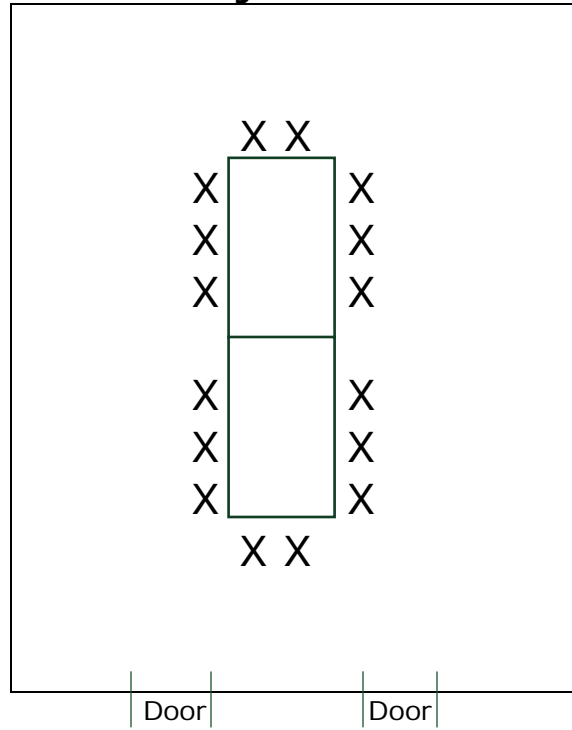
Community Room Setup Options

X = Chair

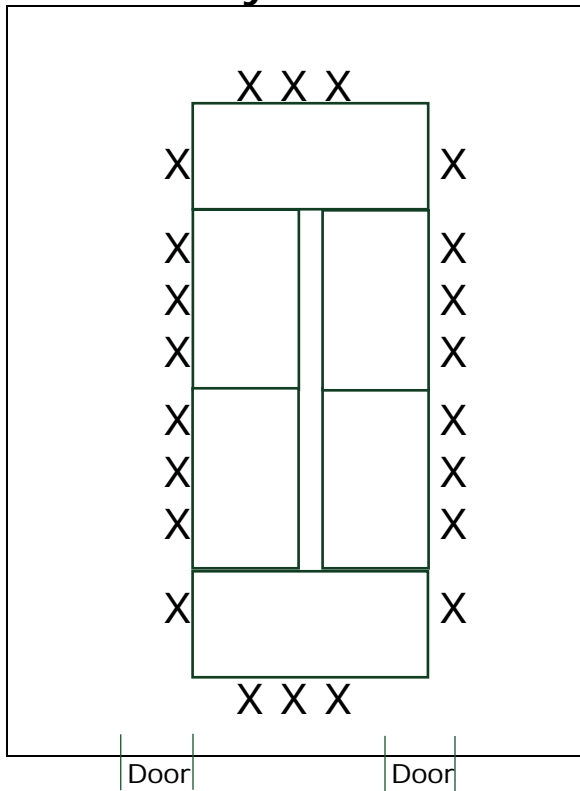
Style 1



Style 2



Style 3



Style 4

