

Please fill out the **CUDAHY FAMILY LIBRARY: Application for Meeting Space Use** completely to be approved:

Name of Organization/Group: _____

Represented by: Name _____ Title _____

Address _____

Telephone: _____ Fax _____ E-mail _____

Dates Requested: _____ Time Requested: _____ Estimated Attendance _____

Dates Requested: _____ Time Requested: _____ Estimated Attendance _____

Purpose of Use: _____
 _____ City/Government Agency
 _____ Non-Profit Group
 _____ For-Profit Group
 _____ Social Function

Indicate Room requested and the equipment needed:

_____ **Ladish Co. Foundation Meeting Room / Geiger Kitchen**
 _____ Entire Room (45 occupants- meetings; 35 occupants - social)
 _____ Half Room – no preference (15 occupants)
 _____ Half Room with screen (15 occupants)
 _____ Half Room with Geiger Kitchen Access

 _____ Chairs only/Auditorium Style
 _____ Tables and Chairs /Classroom Style
 _____ Tables and Chairs /Social Setting – up to 35 guests

Equipment Needed, no fee:
 _____ Microphone (Winter Garden – only for meetings)
 _____ Podium
 _____ Erase Board
Equipment Needed, \$5.00 fee:
 _____ 30-cup Coffee Pot
 _____ Punch Bowl Set
 _____ Easel with Paper Pad

_____ **Winter Garden** (85 occupants – social; 100 occupants - meetings)
 _____ Chairs only/Auditorium Style
 _____ Tables and Chairs /Classroom Style
 _____ Tables and Chairs /Social Setting

Equipment needed, \$10.00 fee for each:
 _____ LCD Projector
 _____ Opaque Projector
 _____ Slide Projector
 _____ TV with DVD and VCR
 _____ Webcam

PLEASE DRAW A SKETCH OF YOUR PREFERRED SET UP ON THE BACK OF THIS APPLICATION. IF THE ROOM ARRANGEMENT HAS NOT BEEN INDICATED, SETUP WILL BE DETERMINED BY THE LIBRARY.

_____ **Food Served** **Table Preference in Setup** _____ **Round** _____ **Rectangular**

As an authorized representative of the above organization, I hereby apply for the use of the facilities and/or library grounds as indicated above. I have read the rules governing the use of the facilities included with this application and agree that they will be strictly observed, including the cleaning of the room to leave it as it was before my usage. I accept responsibility on behalf of the above organization for any damages that might occur to Library or city property during our use of the facility and/or library grounds. In case a meeting is canceled, I agree to notify the Library as far as in advance as possible. I shall indemnify and hold harmless the Cudahy Family Library, the City of Cudahy, its officers and employees, and the Cudahy Family Library Board of Trustees from any damages for personal injury or property damage and for the costs of defending claims for the same, including attorney fees, arising out of the acts or omissions of use of the meeting space in the Cudahy Family Library.

Signed: _____ Date: _____

_____ **Application Approved** _____ Not Approved because: _____

_____ Fee Collected _____ \$5.00 or \$10.00 Fee for Equipment

Winter Garden	\$125.00	_____ (1 – 4 hours use)	Before/After Hours Use: _____ Hours x \$30.00 per hour
	\$150.00	_____ (5 – 7 hours use)	_____ Total for Use before/after hours
	\$175.00	_____ (8 - 10 hours use)	
Ladish/Kitchen	\$75.00	_____ (1 – 4 hours use)	Food /Groups of 25 or more \$25.00 _____
	\$100.00	_____ (5 – 7 hours use)	Food/ Groups less than 25 \$10.00 _____
	\$125.00	_____ (8 – 10 hours use)	Total fee _____ paid on _____

Notes from Director: _____

Director's Signature _____ Date: _____