***** Daytime meetings must use remote parking lot west of pond if more than five cars are involved *****

Approved by:	
Date & time submitted:	

VILLAGE OF LINCOLNSHIRE ROOM RESERVATION FORM

Please circle room requested: ➔ ➔ Community Room / Board Room / Executive Conference Room

Date requested:	from___:____ _m to ___:___ _m
Organization name and address:	
Name of representative: (person filling out form)	Name: Address: Phone: (day) (evening)

Please provide the following details about the event:	
Number of persons expected to attend:	*Room capacity:* Community Room 30 - 45 Executive Conf. Room 15 Board Room 60
Any special room set-up required: (if yes, include drawing here) no _____ yes _____	
A/V equipment requested (circle): overhead projector slide projector screen TV/VCR	
Briefly describe event:	

I have received and read the Community Meeting Room Policy and I hereby certify that the organization I represent meets the organizational criteria stated therein. I will furnish information to verify this upon request. I understand that any damage that occurs as a result of the event will be the responsibility of the Organization sponsoring the event. I am an officer of the Organization empowered to request the room and accept responsibility on its behalf.

_____ _____

Signature Date

_____

Name, printed Title

Note: Access to the room will be provided one half hour before the time requested.
Rooms may only be reserved up to six months in advance
The Village of Lincolnshire reserves the right to cancel this reservation in the event of an emergency.

Applicant Custodian File