

## **Study Room Space**

The Central Citizens' Library District offers a study space inside the Special Collections Room.

- This space is intended for adults to use for small group meetings, video meetings, tutoring, research, and test taking.
- The space is designed to accommodate 4-6 people at the table or 1 person at the computer desk.
- Reservations and use of the space may be used for a maximum of 3 hours per session.
- Study Space users must check in at the Circulation Desk before beginning to use the space.
- This library space houses materials. Librarians will make an effort to not interrupt meetings taking place but note that it is a possibility.
- This space is available on a first come, first served basis. Reservations take precedence over walk in use.
- Reservations can be made in person or over the phone with a Librarian.
- The Library may reserve use of the space if needed.
- Users of study rooms must adhere to all applicable library policies.
- The Library reserves the right to limit usage that violates the purposes of the Library's policy.
- Applicant is responsible for supervision of all children.
- Applicant shall leave the room in good order
- Applicant agrees to be responsible for any damages to the study space or to Library property resulting from their use of the Study Space.



1134 E. 3100 North Road, Suite C. Clifton, IL 60927

www.cclld.org 815-694-2800

### Application for Use of Study Space

Organization/Business Name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Library Card # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date requested: \_\_\_\_\_

Time (Limit to 3 hour sessions): From \_\_\_\_\_ to \_\_\_\_\_

Expected attendance: \_\_\_\_\_ (table holds 4-6 & computer is available)

Equipment Requested: \_\_\_ Computer \_\_\_ Video Camera \_\_\_ Speakers \_\_\_ Microphone

I acknowledge that I have read and will abide by the Central Citizens' Library District's Study Space Policy. I will be present throughout the meeting. I will be responsible for all others in the room. I will be responsible for any willful or accidental damages to the space or furniture. I must indemnify and hold harmless the Central Citizens' Library District, its Board of Library Trustees, all library staff, and Central CUSD#4 for any and all accidents should any be incurred arising from or during the course of use of the room pursuant to this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only: Approved: YES NO Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_