

**CHESTER PUBLIC LIBRARY**

733 State St.  
Chester, IL 62233  
618-826-3711

**APPLICATION For RENTAL OF COMMUNITY ROOM**

\*\*\*\* Applicant must be a card holding patron in good standing of the Chester Public Library.

Name of Group or Organization \_\_\_\_\_

I wish to schedule the use of the Community Room on \_\_\_\_\_

from \_\_\_\_\_ AM or PM to \_\_\_\_\_ AM or PM .

Purpose: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

**Room Rental Fees**

As a service, the Community Room is available for use, free of charge, to governmental, educational, and religious organizations, as well as community service organizations during regular library hours. The Community Room may be rented before or after regular hours by local businesses, organizations, and individuals according to the following fee schedule:

Up to 4 hours = \$75

4 to 8 hours = \$125

Name and Address of Contact person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # of Contact: \_\_\_\_\_

Total cost of room rental to be paid at time of application: \_\_\_\_\_

The undersigned acknowledges receipt of a copy of the policies and regulations for use of the Community Room and agrees to comply with these policies and regulations. Failure to comply will result in loss of privileges.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date of Approval : \_\_\_\_\_