

Meeting Room Reservation Request

Please return to:

Mail: Village of Addison
1 Friendship Plaza
Addison, IL 60101

Organization Name: _____

Requestors Name: _____

Requestor's Phone #: _____

E-mail Address: _____

For what purpose will you be using the meeting rooms: _____

How many will be in attendance? _____

Will food be served? Y ___ N ___

Will alcohol be served: Y ___ N ___

Any and all beverages, food, and food equipment is to be supplied by the applicant.

Name & Address of food vendor: _____

Please list dates and times you would like to reserve:

| <u>Date</u> | <u>Time</u> | | <u>Time</u> |
|-------------|-------------|-------|-------------|
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |
| _____ | _____ am/pm | until | _____ am/pm |

Do you have a room preference? Please check room or rooms you would prefer.

1301-A ___ 1301-B ___ 1301-C ___ Rm. 2002 ___ Rm. 2200-Board Room ___ Rotunda ___

Friendship Plaza Grounds ___ Balzer House ___ Century House ___ Gazebo ___

I have read and agree to abide by the rules and regulations governing the use of the Village of Addison meeting rooms.

Signature