

Sayville Library

APPLICATION FOR USE OF SAYVILLE LIBRARY'S MEETING ROOM

Please complete this form and return to Library Administration for Board consideration and approval. All applications will be approved up to four (4) months **only** from the date of the application. **A copy of documentation** showing the organization's not-for-profit status and/or mission statement **must** be attached. The Library reserves the right to cancel reservations due to unexpected Library purposes or needs.

1. *Name of Organization* _____

Address of Organization _____

2. *Date(s) Requested* _____ *Time Requested* _____

3. *Nature of function (specify and describe)* _____

4. *Expected number of participants* _____

5. *Please indicate items you will need for your meeting:*

tables (max. 10) _____ *chairs (max. 72)* _____ *movie screen* _____

(* *All refreshment items are the responsibility of the organization/persons using the meeting room.*

Arranging the room is the responsibility of the organization/persons using the space.

6. *Name of person making application (LIBRARY DISTRICT RESIDENT ONLY)*

Name: _____

Address: _____

Phone day _____ *Phone evening* _____ *Fax* _____ *e-mail* _____

7. *Name of adult supervisor(s)* _____ *Phone* _____

I have received a copy of the rules governing the use of Sayville Library's meeting room and agree to abide by them.

I have supplied a Certificate of Insurance naming the Library and its Board of Trustees as additional insured, if required.

Signature of applicant _____ *Date* _____

Date submitted _____ Board decision date _____ Director decision date _____

Date notified _____

Room assignment: Meeting Rm. A ___ Meeting Rm. B ___ Meeting Rm. A&B ___ Meeting Rm.C ___

Children's Activity Rm. ___ Conference Rm. ___ Group Study Rm. ___