



**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.

Check here if this is your organization's first time filling out an application

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 \_\_\_\_\_ 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 \_\_\_\_\_

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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   
Group Study Rm.  Conference Rm.  Children's Activity Rm.  Portico Room