

NORTHEAST-MILLERTON LIBRARY
Meeting Room Request Form
(To be completed after reading Meeting Room Policy)
(Please Print)

ROOM REQUESTED (please check): Meeting Room Auditorium

Name of Organization/Group Name: _____

Name of Person Reserving the Room: _____

Address: _____

Phone Number: Day _____ **Evening:** _____

Title/Description of Program or Event: _____

Date(s) Needed: _____

Time from: _____ **to** _____ **(include set-up & clean-up time)**

Number of People Expected: _____

Refreshments: Yes _____ **No** _____ **(applicant responsible for cleaning up)**

Equipment Required (please indicate number of tables and/or chairs)

Tables #: _____ **Chairs #:** _____ **Podium:** _____ **Projector:** _____ **Screen:** _____

VCR Player: _____ **DVD Player:** _____

FEES (due no later than one week before the program)

Auditorium: \$75 for three (3) hours use, if during Library Hours and \$100, if after Library Hours; cost per additional hour, or any part thereof, is \$20.00

Meeting Room: \$25.00 for up to two (2) hours use, during Library Hours, and \$30.00, if after Library Hours; cost per additional hour, or any part thereof is \$20.00.

****Any organization requesting the use of library facilities must pay a security deposit of \$50.00****

****Additional security deposit of \$100.00 for audiovisual equipment use.****

If fees and deposits are not received on time, program will be cancelled.

PUBLICITY

No publicity of any meeting or event in the NorthEast-Millerton Library may be released until permission is granted for a final reservation of the facility by the Library Director or designee in writing.

The Library does not have custodial services available.

Applicants are responsible for set-up and clean-up of facility used, and for restoring the facility to its original condition after completion of the scheduled activity.

Permission to use a room is not transferable from one individual or organization to another. The person signing the original application will be held responsible for proper use and clean-up of the room.

NOTE: Written library staff approval is required before reservation is confirmed.

**Please return application to Library Director:
NorthEast-Millerton Library
P.O. Box 786
75 Main Street
Millerton, NY 12546**

As the authorized representative of the above organization, I hereby apply for the use of the NorthEast-Millerton Library Auditorium or Meeting Room. My organization and I agree to follow all the rules and procedures listed in the Meeting Room Policy and understand that my organization or I will be responsible for paying for any damages or losses, or clean-up expense that may result in our use of the facility.

Signature _____ Date _____

Print Name _____ Title _____

Organization _____

Staff Use Only:

Approved: _____ Not Approved: _____

Reason not approved: _____

Payment Received: Date _____ Amount: \$ _____ Check #: _____

Security Deposit in the amount of \$ _____ Check # _____

Name of person accepting key: _____

Date picked up: _____ Date key returned: _____

Deposit Refunded: Date _____ Amount \$ _____ Check # _____

Library Director: _____ Date: _____

Comments: