

Solvay Public Library



615 Woods Road, Solvay, NY 13209 Ph: (315) 468-2441 www.solvaylibrary.org

MEETING ROOM USE APPLICATION

Application Date: _____

Organization Name, Address, and Website: _____

Type of Organization: Non-profit* Civic/Community Group Religious*
 Informal gathering of people with a like-interest
 Government* Educational * Profit* Other: _____

** Please attach a "Certificate of Liability Insurance" from your organization, available from your organization's main office or its insurance company. It can be faxed to the Library at (315) 468-0373, to the Director's attention.*

Meeting Room Requested:

Community Room (up to 43 people) Computer Lab (up to 15 people) Patio
 Small Meeting Room (up to 10 people) Other: _____

Purpose: (please refer to #1 in Meeting Room Use Policy)

group meeting public program other _____

Please describe the event: _____

Date(s) Requested: _____

Time Meeting begins: _____ **Time Meeting ends:** _____

Expected number of attendees: _____

We would like to place take-away program promotional flyers in the library.

Special equipment needed: digital projector projector screen DVD/Video player
 podium utility cart

Chair & Table set-up:

- 1) Number of tables: _____
2) Number of chairs: _____ Wooden w/ no arms, and/or Upholstered w/ arms (20 available)
3) Seating around tables Seating "auditorium" style, facing podium
 Other (sketch set-up on reverse of page)

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At signed copy of this page will be returned to you.

I have read the Solvay Public Library Meeting Room Use Policy and will comply with its specifications. I am authorized by my organization to sign this agreement.

SIGNED: _____

NAME (PRINT): _____

TITLE/POSITION: _____

PHONE: _____ CELL: _____ FAX: _____

ADDRESS: _____

 Permission is hereby granted to use the library's meeting room for the above stated time and purpose in accordance with the Solvay Public Library Meeting Room Use Policy.

Permission to use the meeting room is denied because of the following reason(s):

Special conditions or changes for use:

SIGNED: _____

DATE: _____

Library Director