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)
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: _________________________________________________________________

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☐ 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):

____________________________________________________________________________
____________________________________________________________________________

SIGNED: ________________________________  DATE: __________________

Library Director