



Form 3.2.a. Application for Use of Community Rooms

Main Library
10 West Ramapo Road
Garnerville, NN 10923
Tel: 845-786-3800
Fax: 845-786- 3791

Village Branch
85 Main Street
Haverstraw, NY 10927
Tel: 845-429-3445
Fax: 845-429-7313

Organization: _____

Contact Person: _____

Address: _____

Tel: _____ Fax: _____

E-Mail: _____

Type of Function: _____

Date of Function: _____

Number of People Expected: _____ Number Under 18 Yrs. Old _____

Time of Function: from _____ to _____

Will Refreshments be Served: Yes No

Non-Profit/Not-for-Profit Group: Yes No

ROOM REQUESTED

Main Library

Room 301 - Community Room

- Theater arrangement (135 capacity)
- Conference arrangement (60 capacity)

Room 301 can be divided into two rooms: 301A + 301B

Room 301A - Large Meeting Room

- Theater arrangement (90 capacity)
- Conference arrangement (48 capacity)

Room 301B - Workshop Room

- Theater arrangement (45 capacity)
- Conference arrangement (24 capacity)

Board Room

- Conference arrangement (12 capacity)

Village Library

Community Room

- Theater arrangement (25 capacity)
- Conference arrangement (18 capacity)

FEES

Board Room \$75.00 per hour
Community Room \$75.00 per hour

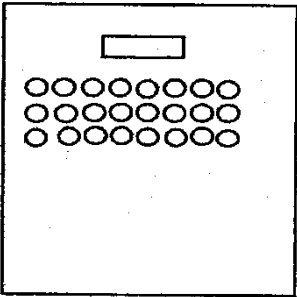
Checks should be made payable to Haverstraw King's Daughters Public Library.

There will be a \$25 charge for returned checks.

SETUP

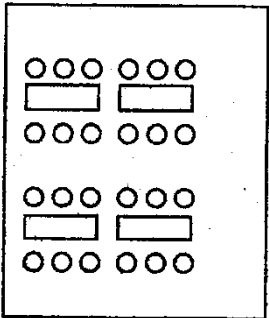
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Theatre arrangement
(chairs in rows with
table[s] in front)



-

Conference arrangement
(individual tables with chairs
around each)



EQUIPMENT

_____ Number of 30" x 6' tables _____ Number of chairs

Please check all that apply:

- Lectern Screen Overhead Projector LCD Projector Dry Erase Board
- VCR Player Coffee urn DVD Player Easel

The individual signing this application is responsible for reading and insuring compliance with all the provisions of the attached policy for the use of the community rooms in the library.

Please initial next to each bullet that you understand:

_____ The Library will not publicize the event.

_____ Flyers & ads must clearly indicate that the program is not sponsored by the Library.

_____ Meeting rooms must be vacated 15 minutes prior to closing.

_____ If there is a fee, it is due by check no later than event date.

Applicant Name _____

Applicant Signature _____ Date _____

Telephone (if different from above) _____

Email (if different from above) _____

Return this form to Kim Peters via email at kpeters@rcls.org or via fax to (845) 786-3791.

For Library Use Only

Reviewed & Approved:

Reviewed & Denied:

Signature _____

Signature _____

Date _____

Date _____

Amount Received _____

Date of Receipt _____