<u>Greenwood Lake Public Library</u>

P.O. Box 1139

Greenwood Lake, NY 10925 Phone: 477-8377 Ext 13 / Fax: 477-8397

APPLICATION FOR USE OF PROGRAM ROOM

Note: Application must be made no less than one week prior to intended date of use.

Date and/or Dates	Day(s) of week	Time: From	То
Group or organization req	uesting use		
Representative of group or	organization	Estimated # of peop	ole
Representative's address		Phone nu	mber
Special services/arrangeme	ents needed () Yes-ple	ase describe	() No
Will admission or fee be ch	narged? () Yes - sta	ite amount and purpose	() No
Will use of the kitchen be	required? () Yes	- briefly describe () No	0
*********	*******	******	****
Briefly describe nature	of activity:		
Application Note: A fee of the Library, as additiona Library Director and/or Bo Library grounds and/or f and/or Board, it would not	lly insured must account of Trustees reservacilities to anyone if,	ompany this application wes the right to deny the in the opinion of the I	n. The use of
"The undersigned hereby agrees to abide by all of the Room Policy document attacks	ne regulations and conc		
Signature			Date

THIS SPACE FOR LIBRARY USE ONLY

() Approved	() Disapproved - s	() Disapproved - state reason below		
Signature	Title	Date		
Remarks/Restrictions:				

NOTE: Please provide copies as follows:

- Original with copy of check and insurance certification in binder
- Application copy (both sides) w/original check and copy of insurance certificate to Library bookkeeper.
- Application copy (both sides) to applicant

Upon completion, this form should be brought to Jill Cronin, Library Director, for her review and decision.