

CHILDREN'S PROGRAM ROOM USE APPLICATION

Applicant/Organization _____

Program Description/Meeting _____

Reservation Details:

Date _____ Time _____ am/pm to _____ am/pm

Expected Attendance: # Adults ___ # Young Adults ___ # Children ___

Authorized representative completing the application:

Name _____ Title _____

Address _____

_____ Telephone _____

E-mail Address _____

Are you requesting use of the audio/visual system?

Yes Please contact Terri Jersey at 914.739.5654; ext. 313.

No

Agreement

I hereby apply for use of meeting room space as specified above and agree to the policies, procedures, and regulations and requirements as set forth in The Children's Program Room Rules for Use, which are incorporated herein by reference, and a copy of which I acknowledge that I have received, read, and understand and expressly agree to.

For the Applicant/Organization

For the Library

Signature

Signature

Print Name & Title

Print Name & Title

Date

Date