

Midland Park Memorial Library
250 Godwin Avenue
Midland Park, NJ 07432
(201) 444-2390

Date _____

Application for Use of Library Meeting Room

(Instructions)

- A. Print or Type
- B. Return application to the library
- C. Make check payable to Midland Park Memorial Library and return with this application
- D. Submit Application and Liability Insurance on a yearly basis

Name of Organization or Group: _____

Contact Person: _____

Street: _____ Town: _____ Zip: _____

Telephone Number: _____ E-mail: _____

Alternate Contact Person: _____

Telephone Number: _____ E-mail: _____

Date(s) Requested: (if more than 5, please attach separate sheet) _____

_____ Year: _____

Meeting Time: Start _____ Finish _____

Occasion: _____

Number of People Attending: _____

Will you need chairs? YES _____ NO _____

If so, state the date of when you will set up chairs: _____

FEE FOR ONE-TIME USE:

Please choose: (Under 2 hours per month - \$35.00 per session for non-profit organizations, Over 2 hours per month - \$50 per session for non-profit organizations or For Profit - \$100 per session)

Will food be served? YES _____ NO _____

Will your group use the kitchen? YES _____ NO _____ (Stove, refrigerator, etc.)

All items used, including rooms, must be left clean and in order. No special equipment, decorations, or special effects may be employed without permission.

I have read and agree to the Midland Park Memorial Library Meeting Room Rules and Regulations and Policies.

Sign Here

Date

Approved by Library Director or Head of Circulation: _____ Date: _____