

**OCEANSIDE LIBRARY  
30 DAVISON AVENUE  
OCEANSIDE, NY 11572  
516-766-2360**

**APPLICATION FOR USE OF MEETING ROOM BY STUDENT GROUPS**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Name of Parent/Legal Guardian Supervisor/Teacher:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Meeting Date(s): \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Time: \_\_\_\_\_ Meeting Room Fee: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

I have read the policy governing the use of the Meeting Room (see attached) and agree to be responsible for fees incurred and any damage to the premises or its contents by members of this organization.

**The parent/legal guardian supervisor/teacher agrees to be present at all times during student meetings.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian Supervisor/Teacher