

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

APPLICATION FOR USE OF MEETING ROOM

Date: _____

Name of Organization: _____

Name of Applicant (Authorized Agent): _____

Title: _____

Address of Applicant: _____

Telephone: Day: _____ Evening: _____

Cell: _____

List of Specific Meeting Date(s): _____

Time: _____ Estimated Attendance: _____ Meeting Room Fee: _____

Purpose of Meeting: _____

Speaker(s) Names(s): _____

If special arrangements for equipment are required, please list: _____

Literature to be distributed: Yes___ No___ Publicity planned: Yes___ No___

Give Details and Attach Copies for Approval Prior to Contract

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.

Date

Signature of Applicant/Authorized Agent

FOR OFFICE USE ONLY

Approved: _____

Date: _____

Denied: _____

Date: _____