

**AMITYVILLE PUBLIC LIBRARY
COMMUNITY ROOM USE
APPLICATION**

Form may be submitted at least one week but no more than three months in advance of intended use.
Library Services, programs and activities shall have priority over other activities.

PLEASE PRINT _____ **DATE SUBMITTED** _____

NAME OF ORGANIZATION _____

DATE(S) REQUESTED _____ **HOURS** _____ **to** _____

_____ **to** _____

_____ **to** _____

PURPOSE OF MEETING _____

KITCHEN PRIVILEGES REQUESTED: Yes _____ No _____

APPLICATION FOR USE OF EQUIPMENT ATTACHED: Yes _____ No _____

ESTIMATED ATTENDANCE _____ *(Room accommodates 100)*

NAME OF INDIVIDUAL FILING APPLICATION _____

TITLE _____ **TELEPHONE** _____

ADDRESS _____

I agree to adhere to the Amityville Public Library Policy for Use of Community Room and any other published rules and regulations for said use. I accept full financial responsibility for myself and my organization for any damage done to the Library, its furniture, and/or equipment. Please, report cancellations to 264-0567.

SIGNATURE _____

Office Use Only

Approved _____ Disapproved _____ Date _____

By _____