

**SUFFERN FREE LIBRARY**  
**APPLICATION FOR THE USE OF THE MEETING ROOMS**  
**210 Lafayette Avenue, Suffern, NY 10901**  
**Tel: 845-357-1237 ~ Fax: 845-357-3156 ~ Web: www.suffernfreelibrary.org**

Name of Organization: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address of Organization: \_\_\_\_\_ 503(c)(3) \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Library Card No.: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Office in Organization: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person 2: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

List all other co-sponsoring or participating organizations: \_\_\_\_\_  
\_\_\_\_\_

Topic of / Title of Program: \_\_\_\_\_

Speaker's Name: \_\_\_\_\_

Type of Meeting / Program (lecture, meeting, workshop, etc.): \_\_\_\_\_

Brief Synopsis of Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of People Expected: \_\_\_\_\_ Number under 18 yrs. old \_\_\_\_\_

Date Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Room:  Large Meeting Room (125 capacity w/ chairs, 60 capacity w/ tables & chairs)

Requested:  Half of Large Meeting Room (60 capacity, 30 capacity w/ tables & chairs)

Lower Level Suffern Room (16-20 capacity)

Room Setup:

Theater:  
(chairs in rows  
with table(s) in front)

Conference:  
(individual tables  
with chairs  
around each)

Other:  
(please specify)  
\_\_\_\_\_  
\_\_\_\_\_

Equipment:

\_\_\_ (number) of chairs \_\_\_ (number) of 30"x 6' tables \_\_\_ Lectern \_\_\_ Microphone

\_\_\_ Overhead LCD Projector \_\_\_ Screen \_\_\_ Blackboard \_\_\_ TV/VCR/DVD combo

\_\_\_ Assistive Listening Device

Special requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Organization:

- Non-profit organizations headquartered in the RCSD.
- Local civic, community, or educational organizations and other groups, whose purpose is non-commercial and non-profit and whose members reside in the RCSD.
- Non-profit organizations based outside the RCSD that provide services to the residents of the RCSD with proof of 501(c)(3) status.
- Governmental agencies.
- For profit or commercial groups headquartered in the RCSD.
- Residents of the RCSD when representing in an official capacity one of the groups or organizations listed above, and able to also demonstrate substantial participation by residents of the RCSD.

User Fees:

Use of the Meeting Rooms is free with the following exceptions, which will incur a user fee of \$50 per hour:

- Use by for-profit or commercial organizations headquartered in the RCSD during hours when the Library is open. A letter of intent must be submitted with the application. No admission fees may be collected but a nominal materials fee may be allowed.
- Use by non-profit local organizations for fund raising events during hours when the Library is closed. Such use is only by approval of the Board of Trustees.
- Where unusual supplies or services are required for a meeting, the Library reserves the right to deny a request or charge a fee.
- If extraordinary housekeeping or maintenance service is necessary.
- Other organizations not listed, but permitted at the discretion of the Trustees.

Payment of User Fees:

1. **Payment of the User fee by check to the Suffern Free Library is due by the event date. The Library will not bill users after an event.**
2. In case of closures or cancellations initiated by the Library, fees will be refunded.
3. Should the User have to cancel its meeting, fees will be refunded if the Library has not incurred any expenses as a result of this reservation.

**MEETING ROOM POLICY CERTIFICATION**

I hereby certify that I have received and read a copy of the *Policy for Use of the Meeting Rooms* of the Suffern Free Library. I have personally read the Policy, and agree to comply with the terms of the Policy regarding the use of the Library's Meeting Rooms.

Signature

Date

\_\_\_\_\_

-----

**OFFICE USE ONLY**

Submitted signed meeting room application: \_\_\_\_\_

Verified responsible party eligibility: \_\_\_\_

Proof of eligibility submitted \_\_\_\_\_

Meeting room schedule updated. \_\_\_\_

Confirmed with responsible party and date: \_\_\_\_\_

Library personnel or trustee to attend: \_\_\_\_\_

Custodian notified: \_\_\_\_

Fee amount received: \_\_\_\_\_ (cash / check)      Date: \_\_\_\_\_

Staff initials: \_\_\_\_\_      Date: \_\_\_\_\_

Approved initials: \_\_\_\_\_      Date: \_\_\_\_\_