



Nanuet Public Library

149 Church Street, Nanuet, NY 10954 ~ 845-623-4281

Community Room Application Form

Please fill out both sides of this form

Organization: _____

Contact Person: _____

(If Organization has attendees under the age of 21, at least one adult over the age of 21 must be in attendance and be responsible for the conduct and activity of the attendees.)

Address of Organization: _____

Non-profit Group: Yes No

Applicant phone number (daytime): (____) _____ - _____

Applicant phone number (evening, if different): (____) _____ - _____

Applicant e-mail address: _____

Dates interested in: _____ - _____ - _____ or _____ - _____ - _____

Start time interested in: _____ End time interested in: _____

Purpose/function of meeting: _____

Number of people expected: _____

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Do you intend to provide light refreshments? _____ Yes _____ No

Note: Only simple refreshments, such as coffee and donuts, may be served in accordance with current local Department of Health guidelines. The Library reserves the right to prohibit refreshments. Check with Library staff on current guidelines when booking the room.

Room Rental Fee

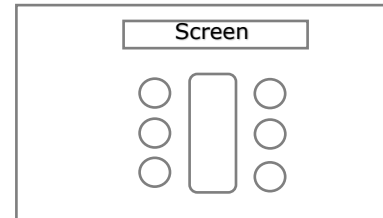
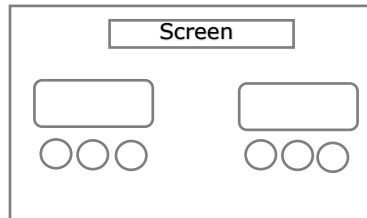
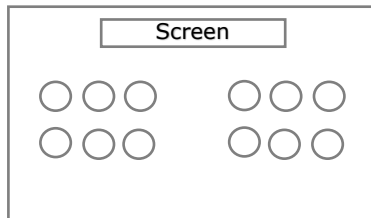
(Fee is waived for Non-profit Groups)
\$25 for 2-hour increments, not to exceed \$75

Room Setup

of 6' tables requested: _____ # of chairs requested: _____

Layout options (please check Theatre, Classroom, or Conference style)

Theatre style Classroom style Conference style



Audiovisual Equipment Fee Schedule

(Fees waived for Non-profit Groups)

Equipment	Fee	Request
Piano	\$100	<input type="checkbox"/>
Projector	\$50	<input type="checkbox"/>
Sound system/wireless microphone	\$25	<input type="checkbox"/>
Podium with built-in microphone	Free with room booking	<input type="checkbox"/>

Return this **form** to Angela Krajcar at akrajcar@rcls.org, in person, or by mail

Make checks payable to Nanuet Public Library

LIBRARY USE ONLY

Application approved: Yes No Total fee to be charged: \$ _____

Approved by: _____ Date of approval: ____ - ____ - ____

Payment received date: _____ - _____ - _____ Amount: \$ _____