

ELMONT PUBLIC LIBRARY

Application for Use of Meeting Room

For the year September 1, _____ to August 31, _____.
(Application must be filed in duplicate.)

Form EML-1

New application

Renewal, if so:

By-laws have not changed since submitting the previous application.

By-laws have changed since submitting the previous application and a copy of the updated By-laws are enclosed. A resident representative will be at the July Board Meeting.

_____ Date

1. Name of Organization: _____

Address: _____
Street City Zip

_____ Phone: _____
President or Chairman of Organization

2. Individual Filing Application: _____ Phone: _____

Address: _____
Street City Zip

3. Purpose of Organization: _____

4. Expected Size of Group: _____

5. Meeting Information (list dates, including July and August—in order—if more than one):

- a. All organizations are limited to one meeting per month. More frequent meeting room use may be granted based upon both the facility's availability and Director's approval, and provided that all other authorized groups and organizations have been accommodated with respect to their one (monthly) meeting request.
- b. All meetings must end by 10:30 p.m. and the building vacated by 10:45 p.m.
- c. Strict adherence to *Regulations Governing Use of Meeting Room Facilities* is required. Failure to do so will result in the cessation of meeting room privileges.

<u>Dates</u>	<u>Time (start – end)</u>	<u>Speaker</u>	<u>Program</u>
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6. RELEASE: The above-named organization does hereby indemnify and hold harmless the Elmont Public Library, its agents and employees against any and all claims including, but not limited to, claims for property damage and claims for personal injury which might arise out of or in conjunction with the use of its premises and/or equipment. We also have received, read and agree to abide by the *Regulations Governing Use of Meeting Room Facilities* of the Elmont Public Library.

Signature of Authorized Officer: _____

Address: _____ Phone: _____

LIBRARY USE ONLY

Action Taken: _____

Date: _____

Director