MAMARONECK PUBLIC LIBRARY MEETING ROOM APPLICATION

COMMUNITY ROOM (Seats 70 Capacity 147) Non-profit \$50/hr.; For profit/private events \$125/hr.		
Name of Organization:		
Contact name & number:		
Email:		
Brief description of program:		
Date of program:	Program will begin at:	Program will end at:
Attendance expected of Adu	ts/Children:	
Number of Tables/Chairs requested: (Currently available: 8 tables & 70 chairs)		
Refreshments will be served	: Yes No	
If Yes, what will be served?_		
Total Fees Due:	Amount Paid:	Date Paid:
Use of the Community Room by any organization outside regular Library hours will require a payment of \$50.00/hour to reimburse the Library for staff time, in addition to any other applicable fees.		
	office with any questions at ry.org. All applications are sul	(914) 630-5889 or email oject to approval by the Library
		projection system. Patrons must provide program to ensure compatibility with the
The undersigned has read th	e meeting room policy & acc	epts responsibility for compliance.
Signature:	Date:	
Approved:	oved: Patricia Byrne, Interim Library Director	