

**1100-10: RULES FOR NON-SPONSORED PROGRAMS IN LEVELS**

**GREAT NECK LIBRARY  
Application for Use of Levels**

Name of group \_\_\_\_\_

Name of applicant representative \_\_\_\_\_ Title \_\_\_\_\_

Address of applicant \_\_\_\_\_ Tel. No. \_\_\_\_\_

Nature of purpose of group \_\_\_\_\_

Approximate size of group expected \_\_\_\_\_

Description of activity and program to be presented \_\_\_\_\_

Music? Yes \_\_\_\_\_ No \_\_\_\_\_

List meeting date (or dates) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Time Time

If special arrangement or use of Levels equipment is required, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and addresses of eight members of group requesting use of Levels.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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It is understood that the Great Neck Library assumes no responsibility whatever for any property placed in the Library in connection with a program, and that the Great Neck Library is hereby expressly released and discharged from any and all liability for any loss, injury or damage to persons or property which may be sustained during or by any reason or a program held on the Library's premises.

We have read and agree to abide by the regulations attached to this application.

Group \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

REASONS FOR DENIAL \_\_\_\_\_

\_\_\_\_\_  
Library Director

\_\_\_\_\_  
Date