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:

___________________________________________________________________________________

___________________________________________________________________________________

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

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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 __________________________

DO NOT WRITE BELOW THIS LINE

APPROVED __________________ DENIED __________________

REASONS FOR DENIAL______________________________________________

________________________________ Library Director

________________________________ Date