

GREAT NECK LIBRARY

MEETING ROOM APPLICATION

THIS INFORMATION MUST BE SUBMITTED FOR EACH ORGANIZATION CO-SPONSORING A MEETING.

Name of Organization _____

Name of Applicant _____ Title _____

Address of Applicant _____ Tel. No. _____

Nature or Purpose of Organization _____

Percent of members residing in Great Neck School District _____

Approximate size of group expected _____

Description of activity and program to be presented _____

Once approved, the organization listed above may use the facilities for a period of three (3) years under the terms listed in the Great Neck Library "Rules for Use of the Meeting Rooms." A new application must be submitted at the expiration of the three-year period.

DATE OF APPROVAL _____

In consideration of the use of the meeting room facilities, each organization or group agrees that it will pay for all damages to any property of the Great Neck Library resulting directly or indirectly from the conduct of any member, officer, employee or agent of the organization or group, or any of its invitees, and that it will hold harmless and indemnify the Great Neck Library from any and all liability which may be imposed upon the Great Neck Library for any injury to persons or property caused by the organization or any other person in connection with the program.

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 of a program held on the Library's premises.

(over)

We have read and agree to abide by the current rules for the use of the meeting rooms. Copies of the rules and regulation are available at the Library Director's Office.

ORGANIZATION _____

Signature of authorized Officer _____

Address _____ Zip Code _____

Tel. No. _____ Date _____

DO NOT WRITE BELOW THIS LINE

Approved _____

Denied _____

Fee Required _____

Director _____

Date _____

GREAT NECK LIBRARY

Application for Meeting Dates

(This information must be submitted for each organization co-sponsoring a meeting)

Name of Organization _____

Name of Applicant _____ Title _____

Address of Applicant _____ Tel. No. _____

Date of Meeting _____

Time of Meeting: From _____ To _____

Please check one of the boxes below for location of meeting:

- | | |
|--|---|
| <input type="checkbox"/> Main Library – Community Room | <input type="checkbox"/> Parkville Branch Library |
| <input type="checkbox"/> Main Library – Multi-Purpose Room | <input type="checkbox"/> Station Branch Library |

Approximate size of group expected _____

Description of activity and program to be presented _____

Use of Piano: Yes No

Please indicate room setup and/or use of library's equipment:

(over)

In consideration of the use of the meeting room facilities, each organization or group agrees that it will pay for all damages to any property of the Great Neck Library resulting directly or indirectly from the conduct of any member, officer, employee or agent of the organization or group, or any of its invitees, and that it will hold harmless and indemnify the Great Neck Library from any and all liability which may be imposed upon the Great Neck Library for an injury to persons or property caused by the organization of any other person in connection with the program.

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 of a program held on the Library's premises. We have read and agree to abide by the current regulations for the use of the meeting rooms. Copies of the rules and regulations are available at the Director's Office and at the Parkville and Station Branch Libraries.

ORGANIZATION _____

Name of Authorized Officer _____
(Please Print)

Signature of Authorized Officer _____

Address _____ Tel. No. _____

Zip Code _____ Date _____

FOR OFFICE USE ONLY

APPROVED _____ DENIED _____

REASON FOR DENIAL _____

Library Director _____ Date _____