

KENDALL YOUNG LIBRARY
APPLICATION FOR USE OF LIBRARY MEETING ROOM

MEETING TITLE: _____

REQUESTED WEEKDAY and DATE: _____

TIME: from _____ to _____ (including set up and clean up time.)

Name of Individual: _____

Name of Organization: _____

Type of Use: ___ Political ___ For-Profit ___ Private Event ___ Nonprofit (501(c)3)

Address: _____

Telephone: _____ Email: _____

Projected size of the group: _____

Meeting Room _____ Jane Young Room _____

All groups pay a \$100.00 deposit which must be paid within 5 days of their request. The room use fee is \$35 per hour. Nonprofit organizations are free.

Equipment use – a staff member will contact you to make arrangements.

Will you need to use the overhead projector? _____ Yes _____ No

Will you need to use the DVD player? _____ Yes _____ No

Will you need to use the microphone/PA system? _____ Yes _____ No

*** I have read the Meeting Room Policy and agree to abide by it.**

Signature: _____ Date: _____

Applicant will be contacted by the Circulation Supervisor upon approval of this application.

Return to Kendall Young Library or email to: gretao@kylib.org

Staff member who accepted the application: _____

The \$ _____ Meeting Room Fee for _____ hours has been paid. _____ Yes _____ No

\$100.00 Deposit paid: _____ Yes _____ No Date received: _____ Initials: _____

Date Deposit returned: _____ Initials: _____

Application approved? ___ Yes ___ No Checklist Returned? ___ Yes ___ No

Signature: _____ Date: _____