



The Nyack Library
 59 South Broadway
 Nyack, NY 10960
 845-358-3370

PROGRAM / PRESENTER APPLICATION FORM

NOTE: The Nyack Library strives to present programming that reflects our Mission Statement, therefore all potential programs must be approved by the library Programming Committee prior to scheduling of the event. Sales of any kind are also subject to prior approval by the Nyack Library. Please indicate if attendees are required to sign any forms in order to attend program. The Nyack Library reserves the right to cancel any program without payment if fewer than four people are registered by three days prior to program start. (Should the Library decline to offer your program, meeting room spaces are available for private rental)

Presenter Name (and title): _____

Presentation Title And Description: _____

Target Audience Age: _____ Max. # Attendees: _____ Length of Program: _____ Sales Requested? _____

Location: Community Meeting _____ Children's Storytime _____ Carnegie-Farian _____ Maker Space _____

Room Set-up and Equipment required (please be specific): _____

Fee or Honorarium Requested? Y N Amount: \$ _____

 Signature of Program Contact Person

 Date

 Address

 Telephone

 Email

 Signature of Library Contact Person

 Date

Return this form to:
 Outreach Department
 Nyack Library
 59 South Broadway, Nyack NY 10960
programs@nyacklibrary.org

DO NOT make my name/phone number/email address public
 to patrons that may contact me about this program

Library Staff Use Only

Rental Fees:

Rental Fee (consult Fee Schedule) \$ _____ Security deposit attached (20% or \$25 min.) Y N

Not-For-Profit (IRS 501(c)(3) determination letter attached) Y N

Approved by Department Head / Library Director? Y N

Room Set-up:

A B C D E F G H

Children's Lecture A Lecture B

Equipment needed:

Lectern Projector DVD Microphone(s) Laptop Kitchen

Bringing Laptop/Flash Drive for Presentation? PC-based Mac-based

Presentation Run-through Scheduled? Date: _____

Chairs (how many?) _____ Tables (how many?) _____

Other needs _____

Food or drink being served? Y N

Rental Items being delivered? Y N

Rental Company contact information _____

Certificate of Insurance Required? Y N Must be received by: _____

Library Staff sign-off _____