



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

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## MEETING SPACE RENTAL REQUEST

Application Date \_\_\_\_\_

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Description of event \_\_\_\_\_

Room requested for: Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

How many people do you expect to attend? \_\_\_\_\_

### Room Selection:

Carnegie-Farian Room

Community Meeting Room

Moffett Room

Trustees Conference Room

Maker Space

Children's Story Time Room

Other Space \_\_\_\_\_

Room Set-up Requested:

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## Applicant's Responsibilities

The applicant organization is solely responsible for maintaining order during their event, for any and all damage to Library property incurred during the course of the event, and for leaving the Library spaces in good order. Damage or misconduct by the applicant or applicant's guests in the use of the Library facilities will result in the forfeiture of any security deposit. Expenses incurred by the Library as a result of the applicant's or guests' misuse of or damage to the Library facilities will be charged back to the applicant organization.

Agreed by: \_\_\_\_\_ Date: \_\_\_\_\_

Promotional material created by the applicant must be approved by the Outreach & Technology Dept. prior to any postings. All materials must include the statement, "This program is neither affiliated with, nor sponsored by The Nyack Library" as per the Nyack Library Meeting Room Policy.

## 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 \_\_\_\_\_