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:
__________________________________________________________________________________________

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 ___________________________________________