

Mahopac Public Library

Application for Meeting Arrangements

revised 9/05/10

This form, and the Hold Harmless Agreement, must be submitted to and approved by Mahopac Public Library prior to the scheduled date of the event. A separate form is required for each date requested.

Name of Event: _____

Sponsoring Organization/Business Name: _____

Address: _____

Phone: _____ Fax: _____

Event Date: _____ (snowdate) _____ Day of the Week: _____

Time of Day: from _____ am / pm to _____ am / pm Equipment needs: _____

(Include time to set up prior to the event and time to clean up afterwards.) (Equipment must be requested 1 week in advance.)

Estimated number of attendees: _____ General Public Event? _____

(If more than 25, please discuss carpooling and alternative parking options with your group to avoid overcrowding our lot.)

Describe event: _____

Food/beverage plans: _____

(If food is served and cleanup is not complete, or craft-materials waste is not fully disposed of, a custodial fee will be charged.)

Check the room(s) you are requesting. (Room capacities are listed in brackets.):

Third Floor

Second Floor

First Floor

* ___ Local History [20]**

___ Tutor 1 (west) [6]

___ Café Area [15]

* ___ Conference (Board Rm) [20]

___ Tutor 2 (east) [8]

___ Lake View [25]

* ___ Community [150]

___ Land Use Center [25]

___ Garden View [25]

* ___ Computer Lab [30]**

___ Periodicals [25]

** Available after normal library hours for a fee.*

*** Restricted to staff-supervised or Historical Society meetings.*

I/We have read the Mahopac Public Library Meeting Room Policy and I/we agree to abide by all of the stated rules and regulations.

Name: (print) _____

Signature: _____ Date: _____

(Signature implies an understanding of, and agreement to abide by the MPL room policy.)

Contact name (if different from above): _____

Contact phone: _____ cell#: _____

Contact fax: _____ e-mail: _____

Fees: *Sale or marketing of goods or services by individuals or groups is prohibited.*

Room fee (per prior arrangement) _____

Non-library hours fee (@ \$50/hr) _____

Custodial fee (@ \$15/event) _____

Optional donation _____

Total _____

For Mahopac Public Library office use only:

MPL Approval: _____ Date: _____

Fee paid: _____ check#: _____ date: _____ amount: \$ _____