

# Mahopac Public Library

## Application for Meeting Arrangements

revised 1/24/08

*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 [200]

\_\_\_ 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: \$ \_\_\_\_\_