

STUDY MEETING ROOM REQUEST FORM
Saugerties Public Library

Scheduling requests must be made at least one (1) week in advance.
Please fill out this form completely.

Applicant's Name _____

Organization's Name _____

Address _____

City/State/Zip _____

Phone Number (____) _____ E-Mail _____

Date(s) of Meeting _____

Time of Meeting _____ AM / PM Approximate attendance _____

Use of AV Equipment: Yes / No (circle one) – Fill out the **Audio-Visual Equipment Checklist**.

Will a film/video be shown? Yes / No (circle one); Name of film/video _____

Any film/video to be shown in the Study Meeting Room must be disclosed to the Library so that copyright compliance can be assured. No applicant may show any film/video for which valid permission for a public showing is not in place.

Purpose of Meeting _____

Note: **Your request is not scheduled until you receive confirmation from the Library.**

I have read and agree to the *Study Meeting Room Use Policy*. I am a resident of the Town of Saugerties and the Organization I am applying on behalf of is located within the Town.

Applicant's Signature _____

Print Name _____ Date _____

Library Use Only

Date Received:

Date Approved:

Staff Initials: