

METUCHEN PUBLIC LIBRARY

480 MIDDLESEX AVENUE

METUCHEN, N.J. 08840

732-632-8526

APPLICATION FOR USE OF THE LIBRARY MEETING ROOMS

Application Date: _____

Organization Name: _____

Date of Meeting: _____

Time of Meeting: From _____ To _____

Size of Anticipated Audience: _____

Organization Name: _____

Person In Charge: _____

Address: _____

Contact Info: _____

Room Desired: _____ Community Room (Limit of 80 persons)

_____ Activities Room (Limit of 20 persons)

CERTIFICATE OF INSURANCE RECEIVED? _____ **Date:** _____

Library Staff Signature

I, _____ (printed name of person in charge), have read the Metuchen Public Library's Meeting Room Policy, and agree to have my organization abide by the terms and conditions.

Signature of Person in Charge

PLEASE SIGN THIS FORM AND RETURN IT TO THE LIBRARY.

Please note – the Library Board of Trustees is glad to offer this facility for your use without charge. However, a contribution toward the maintenance and upkeep of the facility would be appreciated.