

MONTAUK LIBRARY MEETING ROOM RESERVATION APPLICATION

Date of Application _____

Applicant Name (s) _____

Applicant Phone _____

Applicant email _____

Date requested _____

*Time requested _____ to _____

**Due to increased demand for meeting rooms, rooms will be limited to 3 hours per person during the months of July and August.*

Nature of Meeting, Program or Event:

Expected attendance: Adults _____ Children _____

Select room requested: Gosman Community Room (75 max capacity)

Small Meeting Room (12 max capacity)

Recording Room (4 max capacity)

Equipment Needed: Projector _____ Podium _____ Microphone _____

Other _____

Room Setup: Number of chairs _____ Number of tables _____

Diagram: Please use back of application to draw room set up.

I have read and understand the attached policy and rules of the Montauk Library for use of its meeting room(s). As an authorized representative of the organization filing for this request, I guarantee compliance to these rules by all participants and specifically assure the Montauk Library be held exempt from any claims, liabilities, suits or damages arising from our use of the Library facilities. The undersigned further agrees to be responsible for payment of any royalties for the use of copyrighted materials.

Applicants must sign in and sign out at the front desk upon arrival and departure. Late arrival after 30 minutes may result in releasing the reservation to another applicant.

Applicant Signature _____ Date _____

Approved by Library Administration _____ Date _____

Email completed application to director@montauklibrary.org