

**OCEANSIDE LIBRARY  
30 DAVISON AVENUE  
OCEANSIDE, NY 11572  
516-766-2360**

**APPLICATION FOR USE OF MEETING ROOM**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Applicant (Authorized Agent): \_\_\_\_\_

Title: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

List of Specific Meeting Date(s): \_\_\_\_\_

Time: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_ Meeting Room Fee: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Speaker(s) Names(s): \_\_\_\_\_

If special arrangements for equipment are required, please list: \_\_\_\_\_

\_\_\_\_\_

Literature to be distributed: Yes\_\_\_ No\_\_\_      Publicity planned: Yes\_\_\_ No\_\_\_

**Give Details and Attach Copies for Approval Prior to Contract**

I have read the policy governing the use of the Meeting Room (see attached) and agree to be responsible for fees incurred and any damage to the premises or its contents by members of this organization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Authorized Agent

**FOR OFFICE USE ONLY**

\*\*\*\*\*

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_