



COPIAGUE MEMORIAL PUBLIC LIBRARY

50 Deauville Boulevard, Copiague, New York 11726 Tel 631-691-1111 Fax 631-691-5098

Application for Meeting Room Use

Date _____

Organization/Group Name _____

Location/Address _____ Tel. No. _____

Person filing application _____

Address _____ Tel. No. _____

Contact person _____ Email: _____

Nature/purpose of program _____

Program Date[s] _____

Program Time: From _____ To _____ Approx. size of group _____

Check requirements needed for program below:

- | | |
|---------------------------------|--------------------------------|
| 1. Auditorium set up _____ | 2. Roundtable discussion _____ |
| 3. Podium _____ | 4. Screen _____ |
| 5. Stage required _____ | 6. Piano _____ |
| 7. Technical requirements _____ | |

Other requirements, if any _____

Signature of Authorized Officer _____

Address _____ Tel. No. _____

For Library Use Only

Director's recommendation _____ Approve _____ Decline

Program/Meeting: _____

Day & date: _____ Time: _____ Number of people: _____

Program/Meeting Requirements (please check)

TV/DVD _____ Screen _____ Podium/microphone _____

Dry Erase Board _____ Stage _____ Piano _____ Rug/toys _____

Digital Projector (for laptop) _____ Video Game Cabinet _____

Other requirements _____

Refreshments (auditorium only, at Library discretion) _____

Room: Full aud. (max 100) _____ Half aud. (40) _____ Conf. Room (15) _____

Local History Room (10) _____ Computer Lab: Computer class (12) _____ Lecture (20) _____

Please show us how you would like the room set-up:

K	
I	S
T	T
C	A
H	G
E	E
N	

Please return this sheet with your signed contract/application.

Staff initials _____ Date _____