



COPIAGUE MEMORIAL PUBLIC LIBRARY

50 Deauville Boulevard, Copiague, New York 11726-4100 Tel 631-691-1111 Fax 631-691-5098

Application for Meeting Room Use

Date _____

Organization/Group Name _____

Location/Address _____ Tel. No. _____

Person filing application _____ Copiague resident? _____

Contact person _____ Email: _____

Nature/purpose of program _____

Program Date[s] _____

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

Requirements, if any _____

Signature of Authorized Officer _____

Address _____ Tel. No. _____

Thank you. A Library staff member will contact you regarding the status of your application.

For Library Use Only

Director's recommendation _____ Approve _____ Decline _____

Reason for declination: _____

Staff (please initial/date after completed) Contacted group _____

Group given/sent Meeting Room Guidelines _____ Meeting Set-Up Sheet completed _____

Entered in Library Calendar _____ Sign created/filed _____

Confirmation call one week prior to meeting _____

Notes: _____

Meeting Set-Up Sheet

Group: _____

Days/Dates: _____

Time: _____ Number of people: _____

Program/Meeting Requirements (please check)

TV/DVD _____ Screen _____ Podium/microphone _____ Dry Erase Board _____ Stage _____

Piano _____ Tech requirements _____

Other requirements/requests _____

Location: Community Room A & B (max 85) _____ Community Room A (max 35) _____

Community Room B (max 35) _____ Mezzanine A (max 15) _____ Mezzanine B (max 15) _____

Meeting Room 1 (max 10) _____ Meeting Room 2 (Max 10) _____ Meeting Room 3 (Max 6) _____

Room set-up:

Staff initials/date _____