

**Long Hill Township Library  
MEETING ROOM APPLICATION**

Room being applied for:

Conference Room \_\_\_\_\_  
(seats 12)

Meeting Room \_\_\_\_\_  
(seats 80)

Group Study Room \_\_\_\_\_  
(seats 4)

Name of organization or individual:  
\_\_\_\_\_

Brief description of type and purpose of program: \_\_\_\_\_  
\_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Hours scheduled (include preparation and clean-up time): \_\_\_\_\_

Hour program is to begin: \_\_\_\_\_ Expected attendance \_\_\_\_\_

Name of individual filing application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ or Email: \_\_\_\_\_  
*(circle preferred method of contact)*

**I have read, and agree to abide by, the policies and regulations of the library governing the use of the library meeting room. I agree to indemnify and save harmless the Township of Long Hill and the Long Hill Township Library, its officers, employees and agents from any loss, damage, liability, costs and/or expenses that may arise during my use of the Library facilities and equipment.**

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

*Fax completed application to 908-647-2098, or drop off  
or mail it to the library at 917 Valley Road, Gillette, 07933.*

In the event of cancellation, please notify the library at 908-647-2088 ext. 0 as soon as possible.

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Item provisionally added to meeting room calendar: Staff initials \_\_\_\_\_ Date \_\_\_\_\_

Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_