

Library and library sponsored programs take precedence over all other activities in the scheduling of its meeting room space.

MEETING ROOM APPLICATION

Applicant must read the full Meeting Room Policy as well as read, sign, and date the agreement below.

Rooms are available 15min. after, and must be vacated 15min. prior to, regular library opening and closing hours.

Mon-Thurs. 10:15am-7:45pm

Fri. 10:15am-4:45pm

Sat. 10:15am-1:45pm

Sun. 1:15pm-4:45pm

ROOM Requested (circle) *room configuration is the responsibility of the organization or individual

General Study Room

Seat: 4

Capacity: 4

Local History Room

Seats: 12

Capacity: 15

Children's Room

Seats: 12

Capacity: 12

Large Meeting Room

Seats: 80

Capacity: 80

Conference Room

Seats: 12

Capacity: 15

No Room

Preference

DATE(S) and TIMES (include prep and clean up) Requested

rooms available 15min. after, and must be vacated 15min. prior to, regular library opening and closing hours

DATE

TIME START

TIME END

Expected Attendance

Name of organization or individual: _____

Name of applicant (responsible individual) (☐ same as above): _____

Library Card #: _____ *If no library card, must attach proof of residency

Address : _____

check box of preferred contact method

☐ phone number: _____ ☐ email address: _____

Brief description of type and purpose of event/program : _____

ACKNOWLEDGEMENTS

- ☐ I have read and understand the policies and regulations of the Long Hill Township Library Meeting Rooms.
- ☐ I confirm I am a Long Hill Township Resident.
- ☐ I understand I must be present at the event(s) and am responsible for ensuring compliance with applicable policies and regulations.
- ☐ I confirm I will not gain monetarily from using this space.
- ☐ I confirm this is not a commercial enterprise and understand no commercial enterprises are permitted.
- ☐ I understand no admission fee may be charged.
- ☐ I understand all events must be open to the general public.
- ☐ I understand attendees are not required to be members of the sponsoring organization or group.
- ☐ I understand all organization or group sponsored advertising of this (these) event(s) will make clear the event(s) are not sponsored by Long Hill Township Library.

I have read, and agree to abide by, the policies and regulation 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: _____

Return the completed application to the library :

Email: circ-lht@mainlib.org • **Fax:** to 908-647-2098 • **In Person:** 917 Valley Road, Gillette, 07933

In the event of cancellation, please notify the library as 908-647-2088 ext. 0 as soon as possible
While the Library does not charge a fee for the use of its meeting spaces, donations are graciously accepted.

FOR STAFF USE ONLY

Applicant has a LHT Library card _____ OR has shown proof of residency _____

Item provisionally added to meeting room calendar: Staff initials: _____ Date: _____

Final Approval: _____ Date: _____

Please wait at least 5 business days for a response by phone or email.

*complete both sides