

## Mahopac Public Library Application for Meeting Arrangements

This form, and the **Hold Harmless Agreement**, must be submitted to and approved by Mahopac Public Library 24 hours prior to the scheduled date of the event. You will receive a confirmation email upon approval of your request.

- **ALL MEETINGS MUST CONCLUDE 15 MINUTES PRIOR TO THE LIBRARY'S CLOSING TIME.**
- **For groups of 20 or more, you are required to inform attendees that they must carpool or park off site. Failure to comply with this requirement will result in future meeting privileges being rescinded.**
- **Sale or marketing of goods and/or services by individuals or groups is strictly prohibited.**

Sponsoring Organization/Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail \_\_\_\_\_

Name of Event \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Date \_\_\_\_\_ (snowdate) \_\_\_\_\_ Day of week \_\_\_\_\_

Time: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm (Time must include setup and cleanup)

Open to the public? \_\_\_\_\_ Estimated number of attendees \_\_\_\_\_

Equipment request ( ) projector ( ) TV ( ) DVD/video player ( ) white board ( ) other \_\_\_\_\_

Food/beverage plans \_\_\_\_\_ (If food is served and cleanup is not complete, or craft-materials waste is not fully disposed of, a custodial fee will be charged.)

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**Room preference** (room capacities listed in brackets). Fees charged per 4 hour use or fraction thereof; **no charge for not-for-profit organizations.**

\_\_\_ **Conference/Board** [20] \$50.      \_\_\_ **Study Room 1 (west)** [6] **No charge**      \_\_\_ **Learning Lab** [20] \$50.

\_\_\_ **Community** [50] \$125.      \_\_\_ **Study Room 2 (east)** [8] **No charge**      \_\_\_ **Café Area** [15] **No charge**

\_\_\_ Kitchen access requested.

\_\_\_ **3rd fl. Meeting Room** [25] \$50.      \_\_\_ **Land Use Center** [25] \$50.      \_\_\_ **Lake View** [25] \$50.

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 I/we have read the Mahopac Public Library Meeting Room Policy and I/we agree to abide by all of the stated rules and regulations.

**Contact Information:**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

<p><b>For MPL office use only:</b></p> <p>Room Fee (per arrangement)      \$ _____</p> <p>Custodial Fee (\$15/event)      \$ _____</p> <p>Optional Donation      \$ _____</p>	<p>Approved by: _____ Date _____</p> <p>Fee paid _____ Date _____</p> <p>Paid by check (#) _____ ( ) Credit Card</p> <p>( ) Cash</p>
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