Bronxville Public Library Room Use Application:

Organization Name:Address:		Person to Contact:
		Contact Phone:
		Contact Email:
Is the organization a re	egistered not-for-profit with the appropriate IRS status	YesNo
Will this meeting be o	pen to the general public?YesNo	
Will an admission fee	or contribution be required?YesNo	
MEETING/EVENT	INFORMATION:	
Space Requested:	Yeager Room Board Room Little G	Gallery Kitchen (\$15)
Description of Event:		
Date of Event:	Start Time: En	d Time: Size of Audience:
	Piano (\$25)Audio Visual (Screen, Projector, DVD \$15)Podium (No Charge)	
-	Microphone (No Charge)Music Stands (No Ch	narge)
_	Tables and Chairs: How Many	
	Please describe how you would like table and cl	nairs to be set up
equipment and set-u *Overtime Rate: \$48 *Sunday Overtime F *These overtime rate	Rate: \$64.76 per hour es are subject to change	
	le to the <i>Bronxville Public Library</i> for the applicable ibmitted with this application. Attached is a check i	fees (listed in the Room Use & Art Exhibition Fees n the amount of: \$
	will be no refunds of fees unless the Library is givelose because of weather or other conditions.	en a minimum of 72 hours notice, or unless the
APPLICANT'S RE	ESPONSIBILITIES:	
The applicant's signat	ure certifies they have received and read the Room Use	Policy and agree to comply.
Acknowledged: Ann	alicant Signature & Date	Approved by Library: Signature & Date

Bronxville Public Library, 201 Pondfield Road, Bronxville, NY 10708-4828, Attn: Staff Assistant Tel. 914-337-7680 x831, Fax: 914-337-0332