Bronxville Public Library Room Use Application:

APPLICANT INFORMATION:

Organization Name: __________________________________________
Person to Contact: __________________________________________
Address: ____________________________________________________
Contact Phone: ______________________________________________
Contact Email: ______________________________________________

Is the organization a registered not-for-profit with the appropriate IRS status?   ___Yes   ___No
Will this meeting be open to the general public?   ___Yes   ___No
Will an admission fee or contribution be required?   ___Yes   ___No

MEETING/EVENT INFORMATION:

Space Requested:   ___Yeager Room   ___ Board Room   ___ Little Gallery   ___ Kitchen ($30)   ___ Lawn ($30)

Description of Event: ______________________________________________________________________________________
Date of Event: __________   Start Time: __________   End Time: __________   Size of Audience: __________

Equipment Needed: ___Piano ($50)   ___Audio Visual (Screen, Projector, DVD $30)   ___Podium (No Charge)
___Microphone (No Charge)   ___Music Stands (No Charge)
___ Tables and Chairs: How Many

Please describe how you would like table and chairs to be set up __________________________________________________________________________
_____________________________________________________________________________________

*Please note: You MUST indicate whether or not you require tables and chairs, the amount and layout or your application
will be returned.*

FEES:

Caretaker Overtime Fees: The need for overtime is determined by the type of event, the number of people attending,
equipment and set-up required and the time of day the event will occur.
*Overtime Rate: $49.78 per hour
*Sunday Overtime Rate: $66.38 per hour
*These overtime rates are subject to change
*Change orders submitted less than 48 hours prior to the event are subject to an additional charge of $25, due at the event.

A check made payable to the Bronxville Public Library for the applicable fees (listed in the Room Use & Art Exhibition Fees
Schedule) must be submitted with this application. Attached is a check in the amount of: $ _____________

Cancellation: There will be no refunds of fees unless the Library is given a minimum of 72 hours notice, or unless the
Library is forced to close because of weather or other conditions.

APPLICANT’S RESPONSIBILITIES:

The applicant’s signature certifies they have received and read the Room Use Policy and agree to comply.

Acknowledged: Applicant 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 AccountClerk@BronxvilleLibrary.org

Approved November, 2015