

# **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