Application Date: ________________________________    Total Att: ______

Dobbs Ferry Public Library
Meeting Room Use Request Form

Please Print
Room Requested (please check):  □ Community   □ Periodicals   □ Conference

Applicant’s Name: __________________________________________

Mailing Address: __________________________________________

Contact Phone #: __________________________________________

Email: _____________________________________________________

Date of Event: _____________________________________________

EVENT DETAILS
Title/Description: __________________________________________

Start Time: _______ am/pm   End Time: _______ am/pm (including Set-up/Take-down)

Expected # of Attendees: ____________

Refreshments (Community & Periodicals Rooms only):
□ YES    □ NO    □ Coffee pot  □ Refrigerator  □ Microwave
*Applicant is responsible for cleaning up.

Equipment required:
#_____ Tables  #_____ Chairs  □ DVD/projector  □ Screen  □ CD player  □ Piano
□ Podium  □ Microphone  Other (indicate)________________________
*Chairs must be stacked and tables folded & placed as originally provided.

SECURITY DEPOSITS
Any organization using library facilities must pay a (refundable) security deposit of $50.00. Additional security deposit: $100.00 for use of A/V equipment and $100.00 for use of piano. We accept cash or check (payable to Dobbs Ferry Public Library).

RENTAL FEES: Due no later than one week before event

<table>
<thead>
<tr>
<th></th>
<th>Regular Pricing</th>
<th>Discount for Friends of DFPL Members*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During Library Hours</td>
<td>After Library Hours</td>
</tr>
<tr>
<td>Rental Space</td>
<td>First 3 hours</td>
<td>Additional cost/hour</td>
</tr>
<tr>
<td>Community</td>
<td>$90.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Periodicals</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Conference</td>
<td>$30.00</td>
<td>for 2 hrs</td>
</tr>
</tbody>
</table>

Piano rental Fee: $20.00  

*Must be Members in good standing
All written press releases and other publicity items mentioning the Library must be approved in advance by the Library Director or designee in writing, no less than one week in advance of publication, posting or distribution.

All publicity not sponsored by the Library or Friends of the Library must include the following disclaimer: “This program is neither sponsored by nor affiliated with the Dobbs Ferry Public Library.”

The Library does not have custodial services available to clean the facilities or open and close the building after library hours. Applicants are responsible of set up and clean up of facility used, and for restoring the facility to its original condition after completion of the scheduled activity. If, in the sole discretion of the Library Director or designee clean up is determined to be unsatisfactory, the applicant will be billed for the costs of cleaning to the extent that it exceeds the $50.00 security deposit for clean up. However, the Library reserves the right to deduct the excess cost of clean up from any other security deposit submitted by the applicant before billing applicant directly.

I have read and understand the regulations pertaining to the Dobbs Ferry Public Library Meeting Rooms. Signing the application binds the organization and individual applicant to accept full responsibility for the requested use and to comply with all regulations governing use.

Signature: ______________________________ Date: __/__/____

Title: ______________________________

Person Accepting Key: ______________________________ Date: __/__/____

*NOTE* Written Library Staff approval is required before reservation is confirmed.

Please Return Application to:

Dobbs Ferry Public Library
55 Main Street
Dobbs Ferry, NY 10522
Attn: Director

____________________________________________________________________________________________

Staff Use Only

Application Approved: ______________________________

Name on Check: ______________________________

Payment Received Date: __/__/____ Amount: $_______ Check # _________

Deposit Received Date: __/__/____ Amount: $_______ Check # _________

Deposit Refunded Date: __/__/____ Amount: $_______ Check # _________

Piano Rental $20.00 Date Paid: __/__/____ Key Returned Date: __/__/____

Comments: ______________________________

Board Approved 11/28/18