

MEETING ROOM REQUEST FORM

Westbury Memorial Public Library
Phone: (516) 333-0176 • Fax: (516) 333-1752
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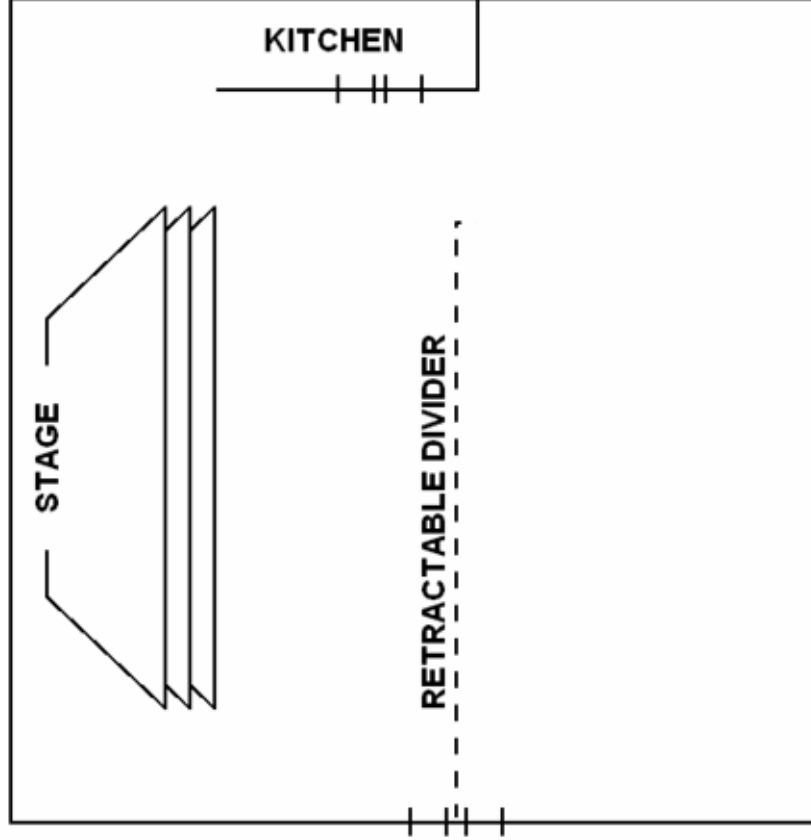
Meeting/Activity Title: _____
Date of Meeting: _____
Arrival Time (for setup): _____
Meeting Start Time: _____
Exit Time (including clean-up): _____
Organization: _____
Contact Person: _____
Phone (day): _____
Cell phone: _____
Email Address: _____

Please note that this meeting/activity must be open to anyone who wishes to attend. Admission fees cannot be charged. Meeting should finish by library closing time. Please leave the room clean after each use.

Number of People Expected: _____
Number of Chairs Needed: _____
Number of Tables (up to 15): _____

The library does not assume responsibility for personal injury incurred on the premises. The requesting organization will be responsible if there are damages incurred while the meeting room is being used and for equipment that may be left behind.

Please indicate desired room set-up on the diagram below.
(Full room occupancy is 180; half-room is 90)



I have read this form and agree to its provisions.

Signature of representative of requesting organization

Date