BERGENFIELD PUBLIC LIBRARY	🗟 (201) 387-4	BERGENFIELD PUBLIC LIBRARY I AVENUE 🕮 BERGENFIELD, NJ 07621 040 🖾 jmurray@bergenfieldlibrary.org CATION FOR USE OF MEETING ROOM BY OUTSIDE ORGANIZATION
Date requested:	Day of week:	Time:
Organization:		
Person applying:		Position in group:
Address:		
Phone (Business)		(Home)
Email address:		
President of group:		
Address:		Phone:
Type of meeting:	(0 1 0 1 1 1	
(Speaker, film, discussion, organizational, etc.) Subject of activity:		
Any special requirements or equipment needed?		
		_
Expected attendance: (100 maximum capacity if auditorium style; 60 maximum if chairs around tables)		
The applicant agrees to return the lib. pay the cost of repair or replacement		nd orderly condition at the end of the activity and to icilities or equipment.
The applicant has read the attache regulations listed.	d policy regarding use o	of the meeting room and agrees to abide by the
If applicant is requesting to use facilities during the evening hours, meeting room must be vacated no later than 8:45 pm unless other arrangements have been approved.		
Dated:		
_		(Signature of applicant)
$(\mathbf{D}_{1}, \mathbf{r}_{1})$		

(Retain one (1) copy for your records.)

PLEASE NOTE

Please wait for **APPROVAL** notification prior to making any arrangements for use of the Meeting Room facilities.