

Old Bridge Public Library

MEETING ROOM RENTAL APPLICATION

Telephone: 732-721-5600 ext. 5019 or 5040 / Email: mjkagan@oldbridgelibrary.org / FAX: 732-607-4816

Name of Organization: _____

Date Of Room Use (Provide Alternate Dates if Possible): _____

You will be contacted by phone once your application has been received.
Until then, approval of your room usage request is NOT confirmed.

Room Requested: **Large Meeting Room [capacity 150 people]**

Conference Room [capacity 12 people]

Time: From _____ **to** _____ **Estimated Attendance:** ____

Applicant Name: _____ **Telephone Number:** _____

Organization Address: _____

Email: _____

Purpose of Meeting: _____

Please note: The selling of merchandise or services is prohibited in the Library Meeting Rooms.
(See # 6 under the Meeting Room Policy.)

Set Up: The Library does not set up or break down the room. This is the responsibility of the person booking the room.

Equipment: The Library has the following available for your use. Please mark off what you need.
*=\$25 Equipment fee per item.

TV/DVD Combo*	<input type="checkbox"/>	Podium with Microphone	<input type="checkbox"/>	
Blackboard/ Whiteboard	<input type="checkbox"/>	Projector* (Large Room)	<input type="checkbox"/>	
Kitchen Access	<input type="checkbox"/>	Easel	<input type="checkbox"/>	How Many _____
Tables	<input type="checkbox"/>	Chairs	<input type="checkbox"/>	How Many _____
Tripod-Stereo Speakers*	<input type="checkbox"/>	CD Player*	<input type="checkbox"/>	
No Equipment Needed	<input type="checkbox"/>			

FEES:

	Residents	Non Residents
Large Meeting Room (includes kitchen usage)	<input type="checkbox"/> \$60.00 (up to 3 hours)	<input type="checkbox"/> \$120.00 (up to 3 hours)
	<input type="checkbox"/> \$120.00 (3 hours +)	<input type="checkbox"/> \$240.00 (3 hours+)
Conference Room:	<input type="checkbox"/> \$30.00 (up to 3 hours)	<input type="checkbox"/> \$60.00 (up to 3 hours)
	<input type="checkbox"/> \$60.00 (3 hours +)	<input type="checkbox"/> \$120.00 (3 hours +)

The Library's Meeting Room Policy is printed on the reverse of this Application. I have read the Meeting Room Policy and regulations. I accept full responsibility for compliance with all the rules and conditions set therein, and shall forward payment for repair for damages (as necessary) when billed. I hereby certify that the above named organization agrees to indemnify and hold harmless the Old Bridge Public Library and the Township of Old Bridge, its agents, officers and employees from any and all liability, due to any damage to persons or property occurring during the use of any of the Libraries facilities, including any and all display areas, on the above dates. During use of the meeting room the applicant shall maintain comprehensive general liability insurance. The aforementioned insurance certificate must be submitted with this application.

Signature of Applicant: _____ **Date:** _____

For Library Use Only

Application take by: _____ **Date:** _____ **Confirmed and Put on Calendar** _____

Notes: