

## Form 406. APPLICATION TO USE PUBLIC MEETING ROOM

<b>Organization Name:</b>	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/>	Date: _____
<b>Organization Address:</b>	<b>Authorized Representative:</b>	
<b>Contact Telephone:</b>	<b>Person Responsible at Time of Event:</b>	
<b>Contact E-mail:</b>		

<b>Date Requested:</b> _____ <b>Start Time:</b> _____ <b>End Time:</b> _____	<b>Type of Function:</b>
<b>Alternate Date:</b> _____ <b>Start Time:</b> _____ <b>End Time:</b> _____	<b>Estimated Attendance:</b> _____

**Room Requested:**

Room	Description	Check Here
Hickok Meeting Room	35 max.; auditorium style; main floor; 80" TV compatible with laptop; DVD player	
Computer Lab	12 max.; classroom style tables & chairs; main floor; LCD projector compatible with laptop	
Conference Room	12 max.; conference table; lower level; 50" TV compatible with laptop; portable LCD projector on request	
Liss Meeting Room	75 max.; auditorium style; lower level; 90" TV compatible with laptop, DVD player	

**Room Setup Requested (no. of chairs/tables):** \_\_\_\_\_

**Equipment Requested:**  
 \_\_\_ Connector(s) for laptop \_\_\_ Portable LCD Projector \_\_\_ Lectern with microphone \_\_\_ Laptop Computer(s)

**Fee Schedule: (All pricing is for a 3 hour block)**

Type of Group	Hickok Room	Liss Meeting Room	Manley Winsor Computer Lab	Conference Room
<b>Gov't Entity</b>	No Charge	No Charge	No Charge	No Charge
<b>Informal Community Group</b>	\$25	\$50	\$25	\$25
<b>Non-profit organization</b>	\$25	\$50	\$25	\$25
<b>Private organization</b>	\$75	\$150	\$50/\$75 if using computers	\$50

No alcoholic beverages allowed in the public meeting rooms.

The organization agrees to defend and hold harmless the Summit Free Public Library, its Director, staff and its Board of Trustees (jointly referred to as the Library) and to indemnify the Library from any suits, costs, claims, expenses, judgments, related attorney's fees or court costs, or other actions arising from, caused by, or which are the alleged result of any act or omission of the organization, guest, invitee, licensee, guest or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity identified above. Reimbursement must be made within (ten 10) days of receiving of receiving written demand from the Summit Free Public Library.

**Signed on behalf of the organization:** \_\_\_\_\_  
**Name/Title**

**Certificate of Insurance Provided:** \_\_\_ **Deposit Paid:** \_\_\_ **Date Paid:** \_\_\_ **Staff Initials:** \_\_\_ **Balance Due:** \_\_\_  
**Date Paid:** \_\_\_ **Staff Initials:** \_\_\_ Scan application form to [office@summitlibrary.org](mailto:office@summitlibrary.org) or fax to 908-273-0031.