

Community Meeting Room & Outdoor Space Request Form

**Scheduling requests must be made at least two (2)
weeks in advance.**

Please fill out this form completely.

Please check: Community Room Use Outdoor Space Use

Organization's Name _____

Responsible Party's Name _____

Address _____

City/State/Zip _____

Phone Number (____) _____ E-Mail _____

Date(s) of Meeting _____

Time of Meeting _____ AM / PM Approximate attendance _____

Use of AV Equipment: Yes / No (circle one) – Fill out the *Audio-Visual Equipment Checklist*.

Will a film/video be shown? Yes / No (circle one); Name of film/video _____

Any film/video to be shown in the Community Meeting Room must be disclosed to the Library so that copyright compliance can be assured. No applicant may show any film/video for which valid permission for a public showing is not in place.

Purpose of Meeting _____

Note: Your request is not scheduled until you receive confirmation from the Library.

COVID: Because library events are public, and because we will not be able to ascertain whether attendees are fully vaccinated or not, all participants must wear a mask and socially distance. By signing this document, you will agree to require and monitor these health regulations for the duration of your event. **Continued on back....**

I have read and agree to the Community Meeting Room & Outdoor Use Policy and confirm that Library space will not be used for commercial purposes. I am a resident of the Town of Saugerties and the Organization I am applying on behalf of is located within the Town.

Responsible Party's Signature_____

Print Name_____Date_____

LIBRARY USE ONLY

Date Received:

Date Approved:

Staff Initials:

Pending Board review as of April 2021

Approved by the Saugerties Public Library board on December 14, 2010

Review History: August 9, 2011; December 13, 2011 (WOH)

Review Cycle: 3 years

AUDIO-VISUAL EQUIPMENT CHECKLIST
Saugerties Public Library

Scheduling requests must be made at least two weeks in advance.
Please check all AV Equipment you are requesting.

Responsible Party Name: _____

Phone Number: (____) _____ E-Mail: _____

Date(s) of Meeting: _____ Time of Meeting: _____ AM/PM

- Projector
- Projector Screen
- DVD/VHS/Blu-Ray Player
- Podium
- Podium Microphone
- Wireless Lavalier Microphone
- Wireless Handheld Microphone (2 are available)
- Laptops
- Conference Telephone

I understand that I am responsible for all AV equipment and agree to the corresponding
Community Meeting Room Use Policy.

Responsible Party Signature: _____

Print Name: _____ Date: _____

Library Use Only

Date Received:
Initials

Date Approved:

Staff

Notes:

Adopted 10.12.2010