

2.511 Room Application Form

Long Hill Township Library

MEETING ROOM APPLICATION

Room being applied for:

Conference Room \_\_\_\_\_  
(seats 12)

Meeting Room \_\_\_\_\_  
(seats 80)

Quiet Room \_\_\_\_\_  
(seats 4 or 5)

Name of organization or individual:

\_\_\_\_\_

Brief description of type and purpose of program: \_\_\_\_\_

\_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Hours scheduled (include preparation and clean-up time):

\_\_\_\_\_

Hour program is to begin: \_\_\_\_\_ Expected attendance \_\_\_\_\_

Name of individual filing application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I have read and understand the policies of the Long Hill Township Library regarding use of the Library's meeting rooms. I also understand that excessive noise cannot be tolerated.**

Signature: \_\_\_\_\_

Director's Approval: \_\_\_\_\_