

Cutchogue New Suffolk Free Library
27550 Main Road, PO Box 935, Cutchogue, NY 11935
(631)734-6360

STAFF USE ONLY	
Date Application Received _____	
<input type="checkbox"/> Organization or Group	
<input type="checkbox"/> Individual	Staff Initials _____

Application and Agreement for Use of Meeting Space

(Please Print)

First time application

Renewal

Date application submitted _____

Name of Applicant (Organization, Group or Individual) _____

Organization or Group Representative's Name/Title _____

Telephone number(s) of Applicant/Representative _____

Mailing address _____

E-mail address _____

Purpose of event _____

Type of event (select one):

Meeting Lecture Tutoring

Workshop Reception Other _____

Please note: If you are using the meeting space for tutoring, you must be in compliance with the Library's Tutoring Policy in addition to the Library's Meeting Space Policy.

Space Requested: Community Room Meeting Room Study Room

Day(s) and date(s) of event _____

Time of event (starting and ending times) _____

Time of arrival for setup _____ Time of departure following cleanup _____

Library hours: Monday – Friday 9:30am – 8:00pm; Saturday 9:30am – 5:00pm; Sunday 1 - 5pm (Nov. – March)

Number of people expected _____

If you expect minors to attend, please indicate their age range _____ and how many adult supervisors will be present _____.

Furniture requirements and arrangement (chairs, tables, etc.):
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Library equipment requested:

Applicant(s) must have basic knowledge of equipment operation.

Microphone DVD Player/Projector Lectern Projector for Laptop Computer w/Wi-Fi Other _____

Do you require an appointment with a Library staff member for assistance with computer & projection equipment? Yes No (*Library staff will contact you to set up an appointment prior to the event*)

Are you planning to serve refreshments? Yes No
(*All refreshments must be approved by the Library Director prior to the event*)

If yes, please indicate what refreshments you have planned _____

Have you read the Cutchogue New Suffolk Free Library Meeting Space Policy (and Tutoring Policy, if applicable) and do you understand that the applicant’s signature on this application is acceptance by the non-profit organization, community group or individual of a hold-harmless/indemnification agreement releasing the Library, its Board of Trustees, and its employees from any liability or claim action or loss arising from the applicant’s use of the facility and should include legal fees, costs or expenses incurred by the Library in connection with defending any claim arising from the applicant’s use? Yes No

As the applicant, do you understand that you may be asked to submit a liability Certificate of Insurance, naming the Cutchogue New Suffolk Free Library as additional insured (min. \$1,000,000.00) two weeks prior to the program and that the signature of the applicant on this document is an acknowledgement that the non-profit organization, community group or individual recognizes its responsibility for any legal action brought against the Library, Board of Trustees or its employees for any injury incurred by persons attending the applicant’s program? Yes No

As the applicant, are you fully authorized to agree to the faithful execution of the terms set forth in the Cutchogue New Suffolk Free Library Meeting Space Policy (and Tutoring Policy, if applicable) and do you assume complete responsibility in connection therewith? Yes No

Signature: _____ Date: _____

***** Director’s Use Only *****

- Appointment for equipment tutorial required Yes No N/A
- Application meets the conditions of the tutoring policy Yes No N/A
- Refreshments are approved by Director Yes No N/A
- Ratio of adult/minor supervision is approved at _____ N/A
- Applicant has agreed to the hold-harmless/indemnification agreement Yes No N/A
- Applicant has agreed to submit Certificate of Insurance if asked Yes No N/A
- Applicant has agreed to the terms set forth in related Library policies Yes No N/A
- All applicable fees paid Yes No N/A

APPLICATION APPROVED DISAPPROVED

Director’s Signature: _____ Date: _____