

EAST GREENBUSH COMMUNITY LIBRARY

10 Community Way, East Greenbush, NY 12061

Phone (518) 477-7476 | Fax (518) 477-6692 | www.eastgreenbushlibrary.org

Meeting Room Reservation Application

Today's Date _____

Organization Name _____

Organization Address _____

Organization Phone (day) _____ (evening) _____

Contact Person _____

Address _____

Phone (day) _____ (evening) _____

Email Address _____

Please indicate desired room by checking your choice below:

Large Meeting Room (Multipurpose Room); (Maximum Capacity 90 people) (31' W x 35' L)

Small Meeting Room (Conference A&B); (Maximum Capacity 50 People) (24'W x 42'L)

This room can be divided into two smaller rooms with a sliding wall divider for small groups in order to accommodate as many groups as possible. Check below if you will only need half of the small meeting room:

(A) Front Half of Small Meeting Room (w/window, countertop & sink) (25 max) (24'W x 23'L)

(B) Rear Half of Small Meeting Room (no window/sink) (25 max) (24'W x 19'L)

Outdoor Patio (this area may be reserved for private use (**Please Note: NO tables, chairs or AV equipment will be provided** for use in this area. Groups must bring their own). If weather is inclement, there is NO guaranteed use of indoor space.

Date(s) of Program _____

Advanced reservation is determinant on group type, please see the Meeting Room Policy. All groups are limited to 12 times in a 12 month period with no consecutive days within the same week.

Time Requested From: _____ To: _____

Time requested must include set-up and clean-up time.

Actual start time of meeting _____ Actual end time of meeting _____

Meeting rooms are available for use only during the library's hours of operations. Setup may NOT begin before the library's normal opening times. Please adjust commencement of the start and end times of meetings accordingly to the library's hours of operation. All members of the group meetings must vacate the meetings rooms 15 minutes prior to the library's closing hours. Library Hours: Monday-Thursday 9:00 am - 9:00 pm; Friday 9:00 am - 6:00 pm; Saturday 10:00 am - 5:00 pm; Sunday 1:00-5:00 pm. Summer Hours: July and August – closed on Sundays.

Program Name/Description: _____

The following equipment is available for use. Please indicate if you would like any of the following listed below:

No of Chairs Required: _____ Number of Tables: _____

**The library will leave the approximate number of tables and chairs available for your use.
Each group will be required to arrange the room for your meeting.**

Will you need use of the Kitchen? _____ \$25.00 Deposit Received for Use of Food: _____

Food and Beverages must remain in the meeting rooms. Check # _____ Cash Date Returned _____

GENERAL USE

- Lecterns (2 available)
- Whiteboard/Dry Erase Markers (3 available)
- Slide Projector
- Overhead Projector
- Presentation Remote
- CD/Radio Cassette Boombox
- Vacuum for Cleanup
- Coffeemaker (____ 12 cup or ____ 36 cup)

MULTIPURPOSE ROOM ONLY

- Cart 1
 - LCD Projector
 - Windows 7 Laptop w/wireless mouse
 - Blu Ray/DVD Player
- Projection Screen
- P.A. System
 - Wireless (lapel or handheld (1 of each))
- Tabletop (2 available)

MEETING ROOMS A&B ONLY

- Cart 2
 - LCD Projector
 - Windows 7 Laptop w/wireless mouse
 - Blu Ray/DVD Player w/speakers

Facilities (including kitchen) are to be left in a clean & orderly condition. The library is not responsible for any materials, food or equipment left behind. If your group has made arrangements for a catered lunch or breakfast, please make arrangements for the cater to pick up their supplies as soon as your meeting has ended. All meetings must be free, which includes the charge for provided food during the meeting. **A \$25.00 returnable deposit is required for use of the room if food/beverages are included as part of your meeting. Groups who do not retrieve their deposit within six (6) months following the program forfeit their deposit.** A one-time deposit can be made if your group meets monthly/or more than once during the year at the library.

The library does not supply pens, pencils, paper, photocopies, fax service, refreshment or coffee supplies or any equipment not listed above for your use. Please make this part of your planning.

Reservations should not be considered confirmed until an application has been received by the library and you have been notified either by phone or email by the library program coordinator. If your group will not be using the room on a confirmed date, a minimum advance notice of 24 hours is required for any cancellation. Please call 477-7476, ext. 112 or email jakiej@eastgreenbushlibrary.org about any cancellations or changes.

I have read the East Greenbush Community Library meeting room policy and regulations and as the responsible representative for the organization will abide by those provisions. If your organization does not abide by the policy, the library has the right to deny future use.

Signature _____ Date _____

Title _____

What name and phone number may the library release to any individuals inquiring about meetings of your organization in the library?

Name _____ Phone _____