



Ringwood Public Library

30 Cannici Drive  
Ringwood, NJ 07456  
973-962-6256

## APPLICATION FOR USE OF COMMUNITY ROOM

Please read the attached Community Rooms Use Policy

1. Room requested: (check one)    \_\_\_ Meeting Room or \_\_\_ Conference Room
2. Name of Requesting Organization: \_\_\_\_\_
3. Day of Week & Date of Program: \_\_\_\_\_  
If recurring meeting dates, please attach a listing of all requested dates. Also, indicate when you will not be meeting due to holidays, school vacations or other schedule variations.
4. Program Start Time: \_\_\_\_\_ Program End Time: \_\_\_\_\_  
We suggest adding a half hour to start and conclusion of most programs to accommodate audience seating and departure.
5. Contact Person: Name: \_\_\_\_\_  
Address: \_\_\_\_\_
6. Phone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Emergency Contact & Number: \_\_\_\_\_
9. Purpose or Type of Program: (Please be as specific and complete as possible. Attach additional sheet if necessary)

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10. Will there be any charges to the participants? \_\_\_\_\_ If yes, how much & for what purpose?

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11. Is the program open to the general public? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Expected Number of Attendees: \_\_\_\_\_

13. Furnishings and Equipment needed: We will provide a basic room set up. (NOTE: IF YOU NEED TO REARRANGE THE ROOM, YOU MUST PUT IT BACK IN ITS ORIGINAL SET UP BEFORE YOU LEAVE.)

Chairs \_\_\_\_\_ Tables \_\_\_\_\_ Podium \_\_\_\_\_

Easel \_\_\_\_\_ TV \_\_\_\_\_

14. Will refreshments be served? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

15. Age Group of Children (if under 18): \_\_\_\_\_

16. Number of Supervising Adults (for children under 18): \_\_\_\_\_

**Required Certificate of Insurance is attached:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Required deposit check is attached:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Payable to Ringwood Public Library)

If requested use is granted, we hereby agree to comply strictly with the Community Rooms Use Policy and the Rules for Use. We understand that failure to do so may result in forfeiture of deposit funds and denial of future use.

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Approval of Library Board Designee / Date

\_\_\_\_\_  
Printed Name

***Authorization to use the Library Community Room Facilities does not imply Library approval or sponsorship to any individual, group or activity.***