

APPLICATION FOR USE OF THE MEETING ROOM
VINELAND PUBLIC LIBRARY ~ 1058 E. LANDIS AVE. ~ VINELAND, NJ 08360
(856)794-4244 ~ FAX (856) 405-4616

Organization: _____
Person in Charge: _____
Address: _____
Telephone number: _____
E-mail: _____

All events must adjourn 15 minutes before the Library's closing time.

Type/name of Program: _____

Date of intended use: _____ **Time:** _____ **#of people expected:** _____

Rooms available to rent:

Community Event Room (capacity 75-90) ♦ Doris Tripp Room (capacity 30-50) ♦ Children's Event Room (capacity 60)

Fees for a reserved room are as follows:

- Non-Profit – Free (donations are gladly accepted and always appreciated) Proof of non-profit status required.
- Businesses - \$75

If refreshments are to be served, there is a \$50 (on a separate check) cleaning deposit required. The Library does not provide cleanup services or supplies.

Will refreshments be served? Yes _____ No _____

Room Arrangement:

Tables and chairs are available but the organization is required to set them up and return them to the storage area, or to the original setup that they were found prior to the meeting. Set-up arrangements must be made to accommodate persons with disabilities.

Please let us know if advance if you need to use the projector, projection screen, lectern, or blackboard.

Please note:

- Smoking is NOT allowed anywhere in the library.
- The Library will not accept telephone calls for members of groups using the library's meeting rooms.
- Any publicity or information disseminated about the meeting or program in the library must include the following statement: Use of the Vineland Public Library's Meeting Room does not constitute library endorsement.
- For more information about our event room, please contact Mary Ann Rada at 856-794-4244, ext. 4734 or email at mrada@vinelandpubliclibrary.org

I have reviewed the "Meeting Room Policy" and will ensure that all stated rules are observed. In addition, I will be present at least one-half hour prior to the start of the functions and will also, at the function's conclusion, ensure that all items and areas used are left in clean and orderly condition.

Signature of person in charge

**RETURN THIS APPLICATION AND FEE TO MARY ANN RADA AT LEAST TWO WEEKS
PRIOR TO THE SCHEDULED EVENT TO CONFIRM YOUR RESERVATION**

For library use only:

Date approved _____ **Rejected** _____ **Fee received \$** _____ **Date** _____ .