

**Wyckoff Free Public Library**  
**Meeting Rooms Application**

Today's Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name and Title of Applicant \_\_\_\_\_

\_\_\_\_\_

Address (residential or organizational) \_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**RESERVATION FOR SINGLE MEETING**

Room Desired \_\_\_\_\_

Date \_\_\_\_\_ Arrival/Setup Time \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Expected Attendance \_\_\_\_\_ Purpose of Gathering \_\_\_\_\_

Tables/Chairs Needed, and Configuration \_\_\_\_\_

Do you plan to serve food or beverages? If so, please describe \_\_\_\_\_

\_\_\_\_\_

(more)

**RESERVATION FOR SERIES OF MEETINGS**

Room Desired \_\_\_\_\_

Dates \_\_\_\_\_ Arrival/Setup Time \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Expected Attendance \_\_\_\_\_ Purpose of Gatherings \_\_\_\_\_

Tables/Chairs Needed, and Configuration \_\_\_\_\_

Do you plan to serve food or beverages? If so, please describe \_\_\_\_\_

\_\_\_\_\_

I have read and understand the Wyckoff Free Public Library Meeting Rooms Policy and agree to abide by all the rules and procedures stipulated in it.

I have provided a Certificate of Liability Insurance to the Wyckoff Free Public Library.

\_\_\_\_\_  
Signature

**FOR LIBRARY STAFF USE**

Group Type and Location \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Date Paid \_\_\_\_\_

Received by (initials) \_\_\_\_\_ Reviewed by (initials) \_\_\_\_\_

Attendance (if different from estimate) \_\_\_\_\_

Issues/Concerns \_\_\_\_\_

\_\_\_\_\_