

Upper Saddle River Library
MEETING ROOM APPLICATION 2008/2009
(www.uppersaddleriverlibrary.org)

Date_____ Room assigned_____ Fees paid_____ amount_____ cash_____ check_____

Certificate of Insurance expiration date / /

Organization _____

Meeting type and Fees – Circle One

USR Non-profit _____ (\$25 a year) (U.S.R. Organizations must have 75% of its members from U.S.R.)
Non Profit

Meetings 1 Hour Monthly = \$100 a year

Meetings 2 Hour Monthly = \$125 a year

Meeting 3-4 Hour Monthly = \$150 a year

Commercial (\$125 a day)

Other Groups (\$125 a day)

Private Tutors \$10 per hour (Fleming Room Only – 5 pm – 7 pm)

Additional meetings for regularly scheduled groups (\$100 a day)

Contact Name _____

Address _____

Phone Number _____

Email Address _____

Please **print** clearly, you will be notified by email)

For Evening Meeting: Person responsible for closing _____ (Please read closing instructions.)

Dates of Meeting(s): _____

Time: _____

Type of Meeting: Program_____ Meeting_____ Fund Raiser_____ Other_____

Attendance: _____ Will refreshments be served? Yes No

Additional Services and Fees Required

Because of the heavy use of meeting rooms, set up is not available.

Meeting room clean up (\$15) if room is not left clean.

Late Cancellation fee (\$25.00) – Less than 24 hour notice.

I have read the policy and regulations for use of the room/space/equipment and agree that my organization will abide by them. I have read the liability release statement and agree to its terms.

Signature

Date

Application is subject to approval by the Library Director and the Board of Trustees. Such approval will be withdrawn for violation of any regulation.

Approved By:

Library Director

Date

We reserve the right to reassign rooms if necessary