

**Parsippany-Troy Hills Library
Contract and Application for Meeting Room Use – Lake Hiawatha Branch**

Complete both sides. Please print.

Library Card # _____

Organization _____

Purpose of Meeting _____

Address _____ City _____ Zip _____

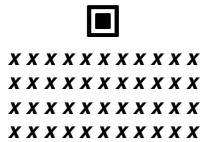
Group Contact Person _____ E-mail _____

Contact Phone _____ Fax _____

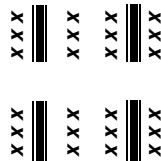
Date(s) Requested _____

Meeting Time _____ to _____ Number of People Expected _____

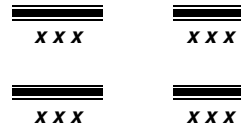
Meeting room users are responsible for setting up the room and putting the furniture back the way it was found. In order to provide you with the necessary furniture, indicate what type of room set-up you will be using (circle one) and how many tables you will need. # of Tables _____



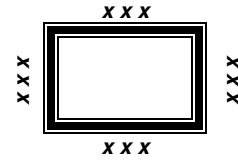
Audience



Lunchroom



Classroom



Board Style

Note: Only 3 chairs will fit per side of each table. A maximum of 6 tables may be available.

Send this form to:

Lake Hiawatha Branch Library, 68 Nokomis Avenue, Lake Hiawatha, NJ 07034, Attn: Annette Terrone
OR email to annette.terrone@parsippanylibrary.org

Office Use: Meeting Room A Meeting Room B Board Room Equipment

____Approved ____Approved, but please note date changes

____Sorry, but the group does not meet the criteria stated in the agreement paragraph. The PAL Building may have available space. Contact PAL at 973-335-0555.

Meeting Room Cost Assessment Page

Name of Group: _____

A. How would you classify your group?

- Non-profit, Parsippany based – 50% of members live or work in Parsippany (\$0)*
- Non-profit, non-Parsippany based (\$50/hr)* \$ _____
- For profit (\$100/hr)* \$ _____

B. Do you need to use equipment?

- No (\$0)* *Yes (staff fee \$25)* \$ _____

Please circle equipment needed

Screen DVD player/projector TV with DVD player

*All groups, including non-profits, will be charged a \$25 staff fee for use of audio-visual equipment. In order to use the library's equipment and to make sure that it works with any electronic equipment and documents, the group facilitator **must** set up an appointment with the library concierge prior to the meeting date.*

C. Do you need to meet after hours?

- No (\$0)* *Yes (staff fee \$25)* \$ _____

Make check payable to Parsippany-Troy Hills Library. Total A-C _____

Deposit Fee

Meeting room deposit fee (refundable check) \$50

Please make out a separate \$50 refundable deposit check to Parsippany-Troy Hills Library.

I certify that the group I represent is a governmental, non-profit, civic, cultural or educational organization or that the meeting to be presented is of an educational or cultural nature. Neither I nor my organization will in any way advertise, either verbally or in writing, or suggest or imply that the library is the host, the endorser or in any other way associated with this organization. I will abide by all library rules and regulations.

Signed: _____ Approved: _____
(contact person/group representative) (Library Director)

PAYMENT IS DUE AT THE TIME OF APPLICATION.

**Send checks to: Parsippany-Troy Hills Library, Lake Hiawatha Branch Library
Attention: Annette Terrone
68 Nokomis Avenue, Lake Hiawatha, NJ 07034**