

**Parsippany-Troy Hills Library  
Contract and Application for Meeting Room Use**

Complete both sides. Please print.

Library Card # \_\_\_\_\_

Organization \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

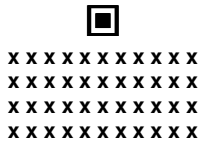
Group Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

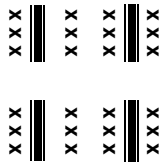
Date(s) Requested \_\_\_\_\_

Meeting Time \_\_\_\_\_ to \_\_\_\_\_ Number of People Expected \_\_\_\_\_

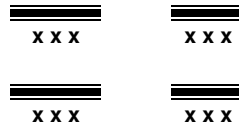
Room set-up is done by library staff. In order to provide you with the necessary space, indicate what type of room set-up you will be using (circle one) and how many tables you will need. # of Tables \_\_\_\_\_



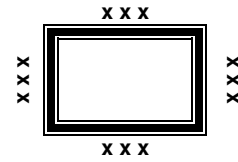
**Audience**



**Lunchroom**



**Classroom**



**Board Style**

**Note:** Only 3 chairs will fit per side of each table. A maximum of 10 tables may be available.

Do you need to use library equipment?  Yes  No If yes, please specify on the reverse side of this form.

**Send this form to:**

Parsippany Public Library, 449 Halsey Rd, Parsippany, NJ 07054, Attn: Jean Marie Embler  
OR email to [jean.embler@parsippanylibrary.org](mailto:jean.embler@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 (\$75/hr) \$ \_\_\_\_\_
- For profit (\$125/hr) \$ \_\_\_\_\_

**B. Do you need to use equipment?**

- No (\$0)       Yes (staff fee \$25)      \$ \_\_\_\_\_

*Please circle equipment needed*

Screen    DVD player/projector    podium    overhead projector    laptop & projector

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, Attention Jean Marie Embler  
449 Halsey Road, Parsippany, NJ 07054**