

MEETING AND EVENT SPACE APPLICATION

ALL APPLICATIONS FOR MEETING AND EVENT SPACE USAGE MUST BE SUBMITTED NO EARLIER THAN SIX (6) MONTHS AND NO LATER THAN TWO (2) WEEKS PRIOR TO THE BOARD OF TRUSTEES MEETING PRECEDING THE DATE OF REQUESTED FACILITY USE.

ORGANIZATION INFORMATION

| OFFICE USE ONLY—MEETING & EVENT SPACE FEE FOR NON-PATTERSON ORGANIZATIONS IS \$50/HOUR. E RECEIVED: APPROVED BY: PATTERSON LIBRARY ATTN: BUSINESS OFFICE | ORGANIZATION NAME: | | | |
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| CONTACT PERSON NAME: CONTACT PERSON CONTACT | ORGANIZATION DESCRIPTION | v: | | |
| CONTACT PERSON NAME: ADDRESS: TELEPHONE: CELL: E-MAIL: EVENT INFORMATION PURPOSE/DESCRIPTION OF EVENT: FACILITY REQUESTED: COMMUNITY ROOM GAZEBO/PARK EVENT DATE: NUMBER OF PEOPLE EXPECTED: ADULTS CHILDREN (SUPERVISION REQU EVENT TIME (INCLUDE SET-UP AND CLEAN-UP TIME) FROM: TO: FOOD/ BEVERAGE PLAN (ALCOHOL/SMOKING/VAPING NOT PERMITTED): IF CLEAN UP IS NOT COMPLETED OR ANY DAMAGES ARE INCURRED, A CUSTODIAL/DAMAGE FEE WILL BE CHARGED. APPLICANT'S RESPONSIBLE FOR SUBMITTING A COMPLETED APPLICATION BY THE TIME FRAME STATED ABOVE, INCLUDING COPIES OF THE FOLLOWING DOCUMENTATION LISTED. BY INITIALING, THE APPLICANT ACKNOWLEDGES THE STANDARDS SET FORTH BY THE LIBRARY'S MEETING AND EVENT SPACE POUL I HAVE INCLUDED PROMOTIONAL MATERIALS (ANY PROMOTIONAL MATERIALS CREATED BY THE APPLICANT OR APPLICANT'S ORGANIZATION MINICULUPE THE STATEMENT, "THIS PROGRAMS IS NEITHER AFFILIATED WITH, NOR SPONSORED BY THE PATTERSON LIBRARY" AS PER THE MEETING ROOM EVENT SPACE POLICY) I HAVE INCLUDED PROMOTIONAL MATERIALS (ANY PROMOTIONAL MATERIALS CREATED BY THE APPLICANT OR APPLICANT'S ORGANIZATION MINICULUPE THE STATEMENT, "THIS PROGRAMS IS NEITHER AFFILIATED WITH, NOR SPONSORED BY THE PATTERSON LIBRARY" AS PER THE MEETING ROOM EVENT SPACE POLICY) I HAVE INCLUDED PROMOTIONAL MATERIALS (ANY PROMOTIONAL MATERIALS CREATED BY THE PATTERSON LIBRARY" AS PER THE MEETING ROOM EVENT SPACE POLICY) I HAVE READ AND SUBMITTED THE APPLICATION TWO (2) WEEKS PRIOR TO THE BOARD OF TRUSTEES MEETING PRECEDING THE DOST REQUESTED FACILITY USE. I AGREE TO THE TERMS AND CONDITIONS STATED IN THE PAPELTED OF ANY SECURITY POPOSIT. EXPRESSES INCLUDED BY THE LIBRARY SPACES IN GOOD ORDER. DAMAGE OR MISCONDUCT BY THE APPLICANT OR PRIVATED FOR THE APPLICANT OR THE LIBRARY PROFILERS WILL BE CHARGED BACK TO THE APPLICANT OR THE LIBRARY SPACES IN GOOD ORDER. DAMAGE OR MISCONDUCT BY THE LIBRARY SPACES IN GOOD ORDER. DAMAGE OR MISCONDUCT BY THE LIBRARY SPACES IN GOOD ORDER. DAMAGE OR MISCONDUCT BY THE LIBRARY SPACES IN GOOD ORDER. DAMAGE OR MISCOND | ORGANIZATION ADDRESS: | | | |
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| INSPECTION: ROOM LEFT IN ORDER: CHARGE CUSTODIAL FEE: PATTERSON, NY 12563 | AMOUNT: CASH: | /CHECK #: INSUR | RANCE CERTIFICATE RECEIVED: | PO Box 418 |
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