

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

ORGANIZATION NAME: _____

ORGANIZATION DESCRIPTION: _____

ORGANIZATION ADDRESS: _____

ORGANIZATION TELEPHONE: _____ E-MAIL: _____

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 REQUIRED)

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 RESPONSIBILITIES

THE APPLICANT IS 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 POLICY.

_____ **I HAVE INCLUDED A PROOF OF INSURANCE CERTIFICATE (SEE POLICY)**

_____ **I HAVE INCLUDED PROMOTIONAL MATERIALS** (ANY PROMOTIONAL MATERIALS CREATED BY THE APPLICANT OR APPLICANT'S ORGANIZATION MUST INCLUDE THE STATEMENT, "THIS PROGRAM IS NEITHER AFFILIATED WITH, NOR SPONSORED BY THE PATTERSON LIBRARY" AS PER THE MEETING ROOM AND EVENT SPACE POLICY)

_____ **I HAVE READ AND SUBMITTED THE APPLICATION TWO (2) WEEKS PRIOR TO THE BOARD OF TRUSTEES MEETING PRECEDING THE DATE OF REQUESTED FACILITY USE.**

_____ **I AGREE TO THE TERMS AND CONDITIONS STATED IN THE PATTERSON LIBRARY MEETING AND EVENT SPACE POLICY**

THE APPLICANT ORGANIZATION IS SOLELY RESPONSIBLE FOR MAINTAINING ORDER DURING THEIR EVENT, FOR ANY AND ALL DAMAGE TO LIBRARY PROPERTY INCURRED DURING THE COURSE OF THE EVENT, AND FOR LEAVING THE LIBRARY SPACES IN GOOD ORDER. DAMAGE OR MISCONDUCT BY THE APPLICANT OR APPLICANT'S GUESTS IN THE USE OF THE LIBRARY FACILITIES WILL RESULT IN THE FORFEITURE OF ANY SECURITY DEPOSIT. EXPENSES INCURRED BY THE LIBRARY AS A RESULT OF THE APPLICANT'S OR GUESTS' MISUSE OF OR DAMAGE TO THE LIBRARY FACILITIES WILL BE CHARGED BACK TO THE APPLICANT ORGANIZATION.

NAME (PLEASE PRINT): _____ SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY—MEETING & EVENT SPACE FEE FOR NON-PATTERSON ORGANIZATIONS IS \$50/HOUR.

DATE RECEIVED: _____ APPROVED BY: _____

FEE AMOUNT: _____ CASH: _____ /CHECK #: _____ INSURANCE CERTIFICATE RECEIVED: _____

POST INSPECTION: ROOM LEFT IN ORDER: _____ CHARGE CUSTODIAL FEE: _____

NOTES: _____

RETURN COMPLETED APPLICATION TO:

PATTERSON LIBRARY
ATTN: BUSINESS OFFICE
PO BOX 418
PATTERSON, NY 12563

10/17/2023