

New Providence Memorial Library
377 Elkwood Avenue
New Providence, New Jersey 07974
(908) 665-0311 (908) 665-2319 (fax)
www.newprovidencelibrary.org

**APPLICATION FOR USE OF THE CONTI FAMILY COMMUNITY ROOM
AND THE CODDINGTON ACTIVITY ROOM**

Date _____

Name of Organization _____

Purpose/Function of Organization _____
Non-Profit _____ Profit _____

Address _____

Request filed by _____ Position in Organization _____

Address _____

Phone: Day _____ Evening _____ E-mail _____

Date(s) of meeting(s) _____

Hour(s) of meeting(s) _____

Purpose of meeting(s) _____

Number of people expected to attend _____

Will refreshments be served? _____ If so, please describe _____

*Will markers, scissors, glue, glitter or any other crafting supplies be used? _____

Do you plan to distribute literature? _____
If so, please describe or attach a sample _____

Equipment needed? _____
Podium _____ Easel _____

We have read and agree to abide by the Rules and Regulations of the New Providence Memorial Library governing the use of the meeting rooms. We further agree to indemnify and save the New Providence Memorial Library, its trustees, and or employees harmless from any and all losses and expenses resulting from the use of the library meeting room by our members or attendees.

Individual(s) signing for Organization (please print name) _____

*Signature _____ Phone number _____

***APPLICANT MUST ALSO SIGN THE MEETING ROOM POLICY**

Approved _____ Date _____
New Providence Memorial Library Director

For Library Use:

Received insurance certificate (if applicable) _____

Received custodial fee (if applicable) _____