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APPLICATION FOR LIBRARY ROOM USE

Name of Organization/Individuals _____

Address: _____

Name and Title of Person making application: _____

Address: _____

Phone No. _____ Email _____

Room Requested: Meeting Room _____ Children's Room _____ Reading Room _____

Date(s) Requested: _____

Hours to be used: _____

Purpose for which room is to be used: _____

Expected attendance: _____

Any special requirements or equipment needed? _____

Will refreshments be served? _____

Certificate of Liability Insurance _____ Indemnification Form _____

This application, if approved, entitles the organization to the use of the Library's Main Reading Room, Children's room, or Meeting Room and restrooms only.

I have read and agree to abide by the policy and guidelines I have received from the Brewster Public Library on use of the library. My organization and I shall be responsible for any violation thereof or any damage to the library and its contents.

Signed: _____ Date: _____

Approved: _____ Date: _____