APPLICATION FOR USE OF MEETING ROOM SPACE

Please return this form to the library branch where you would like your meeting/event held.
Information for Library branches may be found at this link:
http://theoceancountylibrary.org/Branches/branches.htm

ORGANIZATION

Name (individual applying) ____________________________
Street _______________________ City ______________ State ___ Zip ______
Phone # _______________________ ext. ____ Email ______________________

Events must take place during regular library hours.

Event Date(s) __________________________ Event Time(s) Start _________ End ________
Event Description _____________________________________________________________
Estimated # Attending __________________________

Your organization is responsible for meeting room set-up and breakdown. OCL does not provide refreshments. Tables, chairs, lectern, microphone, DVD/VCR may be available for your use. Equipment requests must be made in advance.
Please list equipment needs: (Example: 4 tables & 16 chairs, 50 chairs & lectern, etc.)

My organization is located: IN [ ] OUT of [ ] Ocean County AND is a: Non-Profit [ ] Government [ ] Business [ ]
My Non-Profit/Govt. group is within library guidelines of a maximum of six uses per year: YES [ ] NO [ ]
OR My Business is within library guidelines of a maximum of two uses per year: YES [ ] NO [ ]

Organizations located in Ocean County may use library space FREE of charge.
Organizations located outside of Ocean County please include a fee of $50.00 (per use) payable to Ocean County Library.

The policy and application may be found at this link:
http://theoceancountylibrary.org/policies-fees-forms#all_des546

Use of library space does not indicate OCL sponsorship of your event.

I have read and agree to comply with this application and the policy of the Library Commission regarding the use of library space:

Signature ___________________________ Date ______________________

Print Name/Position ____________________________________________

FOR LIBRARY USE ONLY

Date Request Rec’d ___________________________ Date Confirmed ________________ By Staff (Initials) ________________
Staff Contact: Name ___________________________ Branch/Department __________ ext#. __________
Name of Space Reserved _________________________ Branch __________________________
Notes _________________________________________________________________