

Long Hill Township Library

MEETING ROOM APPLICATION

Room being applied for:

Conference Room ____ Community Room ____

Name of organization or individual:

Brief description of type and purpose of program: _____

Date(s) requested: _____

Hours scheduled (include preparation and clean-up time):

Hour program is to begin: _____ Expected attendance _____

Name of individual filing application: _____

Address: _____

Phone Number: _____

I have read and understand the policies of the Long Hill Township Library regarding use of the Library's meeting rooms. I also understand that excessive noise cannot be tolerated.

Signature: _____

Director's Approval: _____