



7 LIBRARY AVENUE • WESTHAMPTON BEACH • NY 11978
PHONE: 631-288-3335 • FAX: 631-288-5715

Application for Use of Library's Facilities

Today's Date: _____

Organization: _____

Contact Person: _____ Telephone: _____

Date of Event: _____ Time: _____ to _____

Estimated Attendance: _____

Event Supervisor: _____

Nature of Event: _____

Equipment Needed: ___TV/VCR ___Podium ___Refrigerator

Room Setup: _____

Diagram (if needed):

Please contact the Reference Desk (631-288-3335x4) if you require further assistance.

I have read and understood the rules as attached or listed on the reverse of this form for use of the Library facilities. As an authorized representative of the organization filing for this request, I guarantee total compliance to same by all participants and specifically assure that the Westhampton Free Library shall be held exempt from any claims, liabilities, suits or damages arising from our use of the Library facilities.

Signature: _____

Approved by: _____

Entered in the online program calendar on: _____
(DATE ENTERED)

by _____
(NAME OF PERSON WHO ADDED ENTRY TO CALENDAR)