

LIBRARY OF THE CHATHAMS
214 MAIN STREET, CHATHAM NJ 07928

APPLICATION FOR USE OF MEETING ROOM

FOR SINGLE
MEETING

Date: _____

Name of Organization _____

Address _____ City _____ State _____ ZIP _____

Name of Individual filing Application _____

Address _____ City _____ State _____ ZIP _____

Telephone No. _____ Office in Organization _____

Purpose/Function of Organization _____

President's Name _____ Non-Profit? Yes _____ No _____

If refreshments are to be served, please specify: _____

If there are to be exhibits, please describe: _____

Describe any literature to be distributed: _____

Do you plan press releases for the newspaper? Yes _____ No _____ If yes, please note: We are "Library of the Chathams;" meetings must be open to the public.

SINGLE MEETING RESERVATION

Date _____ Time _____ Approximate Size of Group _____

Speaker _____ Topic _____

Room Set-up Desired:

Other Arrangements Desired:

I hereby acknowledge that I shall take full responsibility for the above facilities and will comply with the rules governing their use.

Signature of Applicant

Approved: _____
Signature/Date