

ROCKAWAY TOWNSHIP FREE PUBLIC LIBRARY
Application for Meeting Room Use

Fill out form completely. Please print.

Organization _____

Purpose of meeting _____

Address _____ City _____ Zip _____

Group Contact Person _____ E-mail _____

Contact Home Phone _____ Cell Phone _____

Contact Work Phone _____ Fax _____

Date(s) Requested (not to exceed one per month)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you need to use library equipment? Yes _____ No _____

If yes, please specify on the reverse side of this form.

Include contact phone number on Library web calendar? Yes _____ No _____

Include contact e-mail on Library web calendar? Yes _____ No _____

Send this form to:

Rockaway Township Free Public Library, 61 Mount Hope Road, Rockaway, NJ 07866,
Attn: Ann Weissenburger
Fax: 973-627-7658

I certify that the group that I represent is a governmental, non-profit, civic or educational organization or that the meeting to be presented is of an educational or cultural nature. Neither myself nor my organization will in any way advertise, either verbally or in writing, or suggest or imply that the library is the host, the endorser or in any other way associated with this organization. I will abide by all library rules and regulations.

Signed: _____ Approved: _____
(contact person/group representative) (representative for Library Director)

Office Use: Application approved (date) _____

Rev. 2/2008