

**ROCKAWAY TOWNSHIP FREE PUBLIC LIBRARY**  
**Application for Meeting Room Use**

Fill out form completely. Please print. Please submit application 30 days in advance.

I/we are looking to reserve the: **Large meeting room** \_\_\_\_\_ **Small conference room** \_\_\_\_\_

Organization \_\_\_\_\_

Purpose of meeting \_\_\_\_\_

Expected number of attendees or participants \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date(s) and Time(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. **Advance training is necessary for use of the library's AV equipment.**

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: Director

Fax: 973-627-7658

Email: rockawaytwplibrary@rtllibrary.org

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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) \_\_\_\_\_