

**OSSINING PUBLIC LIBRARY**  
*Use of Meeting and Performance Spaces by Outside Organizations*

**Application**

Name of organization: \_\_\_\_\_ Date: \_\_\_\_\_

Type (check one):    Government \_\_\_\_\_    Non-Profit\* \_\_\_\_\_    Commercial \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Time (include set-up and clean-up): \_\_\_\_\_ to \_\_\_\_\_ Start time of event: \_\_\_\_\_

Description of event/meeting: \_\_\_\_\_

Estimated attendance: \_\_\_\_\_ Age of audience: \_\_\_\_\_

Person in charge (if different from contact person): \_\_\_\_\_

Equipment requested: \_\_\_\_\_

\_\_\_ Alcohol will be served\*\*    \_\_\_ Food will be served\*\*    \_\_\_ Kitchen is requested\*\*

**\*Non-Profit organizations MUST HAVE or BE ELIGIBLE FOR Non-Profit status with the IRS.**

**\*\*A deposit of \_\_\_\_\_ is required if food or drink will be served and/or if kitchen will be used.**

I hereby apply for the use of meeting/performance space as specified above and in keeping with the procedures and regulations as described in the *Regulations for the Use of Meeting and Performance Spaces by Outside Organizations*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:    Meeting Room Coordinator                      or    FAX: 914-941-7464  
                    Ossining Public Library    Attn: Meeting Room Coordinator  
                    53 Croton Ave., Ossining, NY 10562

Questions:    Phone: 914-941-2416 or Email: [oplpr@wlsmail.org](mailto:oplpr@wlsmail.org)

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*Office use only*

*Approved:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Space reserved:* \_\_\_\_\_ *Fee:* \_\_\_\_\_