Ogden Farmers' Library

Meeting Room Use Application

Please read and retain for your records a copy of this application and the Meeting Room Use Policy. You may submit this application in person, by mail, by email (calendar@ogdenlibrary.com), or by fax (585-352-3406).

Name of Organization _____

Is your organization non-profit? _____

Purpose of Meeting _____

Date of Meeting_____ Time of Meeting* _____

*Please be sure to include time to set up and clean up in your request.

Room Equipment Needed (check all that apply):

☐ Chairs

☐ Tables

☐ Projector*

*Requires advanced notice and a trained library staff member.

Number of People Expected (not to exceed **70**) _____

Contact Name _____

Contact Address _____

_____

Contact Phone Number _____

Contact Email Address _____

I have read and agree to abide by the regulations set forth in the Meeting Room Use Policy located at http://www.ogdenlibrary.com/policies-and-forms.html and I agree to assume full responsibility as outlined therein.

Contact Signature _____ Date _____

269 Ogden Center Road | Spencerport, NY 14459 | (585) 617-6181 | www.ogdenlibrary.com