



Mount Laurel
Library

**CONTRACT
FOR
MEETING
ROOM USE
2009-2010**

Kathy Schalk-Greene, Acting Director

Name of Group _____ Anticipated Attendance _____

Mount Laurel Organization: Yes/No Purpose of Meeting(s) _____

Kitchen: Yes/No 90-Cup coffee pot: Yes/No TV/VCR: Yes/No Overhead: Yes/No TV/DVD: Yes/No

Date(s) of meeting(s) _____

TIME _____

Sample

As a representative of the above named group, I have read all meeting room policies and will be responsible for all meeting attendees abiding by them.

I understand that any violation of these policies could result in cancellation of this contract and denial of any future meeting room use.

I further understand that I am responsible for the cleaning of the room after the meeting(s), for ensuring that all lights will be turned out and that a member of the library staff is notified upon vacating the room.

Contact Person for Group (Mount Laurel Resident)

Name _____

Address _____

Telephone _____ E-mail: _____

Signature _____ Date _____

Group Contact Information:

Name _____ Title _____

Address _____ Telephone _____

Group Website address: _____

ROOM ASSIGNED: 1 2 BOTH DEPOSIT: Received chk # _____
Carried Over

APPROVED BY: _____

Merle Evangelisti

*** 856-234-7319 ext. 301* E-mail: evangeli@mtlaurel.lib.nj.us**

100 Walt Whitman Avenue * Mount Laurel, NJ 08054-9539
(856) 234-7319 FAX (856) 234-6916 www.mtlaurel.lib.nj.us