



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__

Date(s) of meeting(s) _____

TIME	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

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