



FOR LIBRARY USE ONLY:

On Calendar: _____
Confirmed: _____
Insurance: _____
Security Needed: _____
\$ Due Room: _____
\$ Due Security: _____
Paid: _____
PR Approved: _____

TO REQUEST USE OF A MEETING ROOM:

- Read & sign the Meeting Room Policy and Guidelines (attached)
- Submit completed application by mail to the Mount Kisco Public Library, 100 East Main Street, Mount Kisco, NY 10549, in person, by Fax to 914-666-3899 or via email to scoppola@mountkisco.library.org
- **Payment for room rental and Security Personnel is due in full within five (5) business days of confirmed rental or the reservation may be cancelled**

QUESTIONS MAY BE DIRECTED TO THE LIBRARY DIRECTOR OR BUSINESS MANAGER AT 914-666-8041

Date of Application: _____

Organization Name: _____

Contact Person (please print): Name: _____

Email: _____

You will receive an email confirmation regarding meeting room availability

Phone Number: _____

Date of Event: _____

Time Needed (including set up and break down time): _____

Estimated Attendance: _____

Room Requested: Community Room (See Capacity) \$100 per hour
Conference Room (See Capacity) \$50 per hour

Equipment Needed: Projector & AV \$50
Piano \$50
Security Deposit (Refundable) \$150

Public Event Private Event

Briefly describe the purpose of your event: _____

Number of Tables Needed: _____ Number of Chairs Needed: _____

List equipment, supplies, and refreshments being provided by organization: _____

By signing below, I am acknowledging I have **read and understand the policies & rules** for the use of the meeting rooms and facilities of the Mount Kisco Public Library.

Name: _____
(please print)

Signature: _____