

*PALISADES FREE LIBRARY*  
19 Closter Road, Palisades, NY 10964  
845-359-0136 phone 845-359-6124 fax  
www.palisadeslibrary.org

## Meeting Room Application

Please contact Maria Gagliardi for reservation assistance: mgagliardi@rcls.org

Event Name: \_\_\_\_\_

Event Date or Dates: \_\_\_\_\_

Event Time: \_\_\_\_\_ Duration of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date event requested: \_\_\_\_\_

Advertising plans for event:

\_\_\_\_\_

\_\_\_\_\_

SET-UP TIME: \_\_\_\_\_ LEAVE THE BUILDING TIME: \_\_\_\_\_

I agree to abide by the Palisades Free Library Meeting Room Policy:

\_\_\_\_\_

Signature

Date