ORADELL FREE PUBLIC LIBRARY
MEETING ROOM APPLICATION FORM

_____

Name of Group

_____   _____

Date(s) and Time of Meeting   Size of   Group

_____   _____

Name of Individual Completing Application   Contact Phone #

_____

Contact e-mail address (if available)

_____

Signature   Date

_____

Application Approved by Library Staff   Date

A copy of this application and the Meeting Room policy has been given to the person noted on this form.