



APPLICATION TO USE LIBRARY FACILITIES

210 Buck Street, Millville NJ 08332
Phone: 856-825-7087 ext. 10 // Fax: 856-327-8572
Email: contactus@millvillepubliclibrary.org

Date: \_\_\_\_\_ 20 \_\_\_\_\_

1. Name of Organization/Group \_\_\_\_\_

2. Name of Sponsor \_\_\_\_\_

(The sponsor shall be the person responsible for enforcing the regulations of the Board of Trustees. He/she shall also be personally responsible for making all necessary arrangements with the Millville Public Library.)

3. Phone \_\_\_\_\_

4. Email \_\_\_\_\_

5. Address \_\_\_\_\_

6. Facility to be used (circle all that apply): Gant Room NJ Room
Basement Other \_\_\_\_\_

7. Purpose for facilities \_\_\_\_\_

8. Purpose of meeting \_\_\_\_\_
\_\_\_\_\_

9. Date(s) of use: (ie: day of week // date)

\_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

10. Admission to be charged, if any \_\_\_\_\_ 11. Estimated audience \_\_\_\_\_

12. Special arrangements \_\_\_\_\_
\_\_\_\_\_

(On the reverse side, please submit instructions &/or diagram of desired room set-up.)

Signature of Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Library Director \_\_\_\_\_

Date \_\_\_\_\_