



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 _____