

Jefferson Township Public Library

Application for use of the Riker Room

Organization _____

Dates requested _____

Hours From _____ a.m. to _____ a.m.

From _____ p.m. to _____ p.m.

Estimated attendance _____ Program _____

President or Head of Organization _____

Address _____ Phone _____

Authorized officers (to supervise locking up and to enforce regulations)

1. _____

Address _____ Phone _____

2. _____

Address _____ Phone _____

Do you plan to distribute literature? Yes _____ No _____ (if yes, attach sample)

Library hours:

Monday through Thursday 10 a.m. to 9 p.m.

Friday 10 a.m. to 5 p.m.

Saturday 9 a.m. to 3 p.m.

Sunday 1 p.m. to 5 p.m.

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I have read the meeting room policy and regulations and agree to abide by them

Signed _____ Date _____

Director, Jefferson Township Public Library _____ Date _____

For library use only

Approved _____ Disapproved _____

Scheduled on Calendar _____ Date _____

Please call 973-208-6244 with revised information