

# Claverack Free Library **Facility Use Registration Form** (12/2019)

**Instructions:** Please submit completed form to the CFL Board of Trustees at least one month prior to date of requested use. Fields marked with an asterisk are required. Applications require renewal after three (3) years.

\* **Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\* **Circle One:** New Application / Renewal / Contact Update

## **Group/Organization Information** (Please print clearly)

* Name of Organization:		
Email:		
*Address:		
*City:	*State	*Zip Code
*Primary Phone:	Secondary Phone:	

## **Type of Organization** (Check as many as applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Local Organization                      | <input type="checkbox"/> Professional              |
| <input type="checkbox"/> Branch or Unit of National Organization | <input type="checkbox"/> Recreational              |
| <input type="checkbox"/> School or Educational                   | <input type="checkbox"/> Governmental              |
| <input type="checkbox"/> Religious                               | <input type="checkbox"/> Civic                     |
| <input type="checkbox"/> Non-profit                              | <input type="checkbox"/> Cultural                  |
| <input type="checkbox"/> Commercial                              | <input type="checkbox"/> Local Author Book Release |

\* **Description of the group's goal or purpose:**

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\* **Type of activities to be held at the Library:**

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## Policy Statement

\_\_\_\_ \* The Library Facility Use Policy is available online at [ClaverackLibrary.org](http://ClaverackLibrary.org). Please initial that you have read and will abide by the policy.

## Group Contact Information

The Library requires complete information on at least two group contacts. The Primary Contact must have a valid email address and a Mid-Hudson Library System card in good standing. Please print clearly.

*Primary Contact name:		
*Library Card Number:		
*Email:		
*Address:		
*City:	*State	*Zip Code
*Primary Phone:	Secondary Phone:	

*Contact #2 name:		
*Library Card Number:		
*Email:		
*Address:		
*City:	*State	*Zip Code
*Primary Phone:	Secondary Phone:	