

the princeton public library

Princeton Public Library Meeting Room Application Your date and time will be reserved upon return of this signed form

Note: Application and payment must be received within 72	hour	s of in	itial re	servat	tion i	for confi
Today's Date:						
Name of Group using the meeting room:						
Contact Name:						
Address:						
Phone Number:						
Signature:						
MEETING ROOM DETAILS						
Date Requested:						_
Time Requested:						_
Number of Attendees:						_
Equipment Needed:						_
Room Set up:						_
Non-Profit Group		Yes		No		_
Will food and/or drinks be provided? (Beyond snacks and beverages, see director for approximately ap				No		
Please list kind of food and/or Caterer						
MEETING ROOM FEE	\$30/1	HOUR HOURS				
Deposit: (for all groups - refundable)					\$	100.00
Pricing: (for-profit groups only - non-refundable)	\$30	0.00			\$	0.00
There will be charges for damag	ges or	excess	Total ive clea	ın-up		

Addition cost for every 30 minutes is \$15

Staff Signature:	
------------------	--