



James M. Hecht
Director

Somerset County Library System Headquarters
1 Vogt Drive
P.O. Box 6700
Bridgewater, N.J. 08807
Phone: (908) 526-4016
Fax: (908) 707-8324

Revised please read

Dear Meeting Room Applicant,

Effective July 1, 2009 the Bridgewater Library is pleased to accept applications from community groups to reserve meeting rooms from **September 1, 2009 through August 31, 2010**. Enclosed please find copies of the Bridgewater Library Meeting Room Policy, Meeting Room Application, and Meeting Room Set-up Form (on the back of the application).

Please read the policy carefully before filling out the application. Important points to be aware of include:

- Non-profit groups and organizations may use a meeting room once a month.
- All meetings rooms are reserved for library programs on Thursday evenings; rooms are not available for outside groups on Thursday evenings.
- Meeting Rooms cannot be booked for Sundays.
- Meeting rooms are available until 10:00 p.m. Groups must vacate the building by 10:00 p.m.. No loitering is allowed in the lobby past that time. Please arrange to end your meetings promptly.
- Once reservations are made it is your responsibility to notify us as soon as possible if the number of people who will be attending your meeting increases. This is necessary so we can ensure that room capacities are not exceeded.

Please be advised that the meeting rooms are for use by non-profit organizations only. There is no charge for the rooms, but an "Approved Representative" of the group must have a valid Somerset County Library System card. The representative must sign the application and give their library card number where indicated. Parents or legal guardians must co-sign applications submitted by minors.

You may include meeting dates through August 31, 2010 on your application. (Note: Please provide specific dates; do not write "first Monday of month," "every other Tuesday", etc.) **Be sure to complete the room set-up information on the back of the application.** If you have different set-ups for different meetings, or a change from your regular set-up, please submit a room set-up form for each set-up.

Completed applications may be faxed, mailed, dropped off at the Library Customer Service Desk or brought to the Administration Department. Once the Assistant Director has approved your application, the dates will be booked. I will call to confirm or amend meeting dates/times according to availability. All completed applications are approved on a first-come first-served basis. Incomplete applications will not be approved until the missing information has been provided. It is strongly recommended that you do not print or publish your meeting dates until you've received a confirmation since the dates you requested may not be available. If you require equipment please indicate that on the setup form and we will confirm this with you also. **Those who are using the meeting rooms for a piano recital must also complete and return the Piano Policies and Procedure form (also attached).**

If the time comes when you are no longer a member of the group, it will be your responsibility to arrange for someone else to complete an application. Otherwise your card number and signature will stay on file, and you will remain in our records as the person responsible for the group's use of the room.

If someone other than you will be making reservations or changes to your reservations please attach a note authorizing this person to make arrangements on your group's behalf.

All community meetings are posted on our website's Calendar of Events. If one of your meetings is cancelled, please call as soon as possible so we can update the website calendar.

Thank you for your attention to the enclosed forms. If you have any questions please call me at (908) 526-4016 ext. 131.

Sincerely yours,

Joann Cerullo
Administrative Assistant

attachments
rev. 09/02/2009

**BRIDGEWATER LIBRARY
MEETING ROOM APPLICATION**

(Please print legibly.)

Name of Organization: _____

Name of Individual Filing Application: _____

Office/Title in Organization: _____

Address: _____

Telephone: Home _____ Work _____

Cell _____

Email: _____ FAX: _____

Meeting Date(s): _____

Alternate Date(s): _____

Time: From _____ To _____ Expected Attendance: _____

Purpose of Meeting: _____

Light Refreshments (*Permission must be requested*): Yes _____ No _____

ALCOHOLIC BEVERAGES ARE NOT PERMITTED

I, the undersigned, am an authorized representative of the non-profit organization listed above. I am also a member of the Somerset County Library System. I have read the Bridgewater Library Meeting Room Policies and Regulations and agree that our organization and its members will fully comply with the library's policies. I also agree that our organization will be held responsible for any damages to and/or or theft of library property incurred by our use of the meeting area. Should this application be granted I agree to indemnify, hold harmless, and defend the Somerset County Library System against any and all demands, claims, damages, fees, costs and liabilities of any kind (including but not limited to attorney's fee) to the fullest extent permitted by law.

Approved Representative's (cardholder) signature: _____

Cardholder's name (printed): _____

Parent/legal guardian's signature if applicant is a minor: _____

Library Card #: _____

Please return completed application to:

Meeting room use: Approved _____
Date: _____ Not approved _____

Joann Cerullo
Somerset County Library System
P.O. Box 6700
Bridgewater, NJ 08807
908) 526-4016 ext. 131
FAX: (908) 707-8324

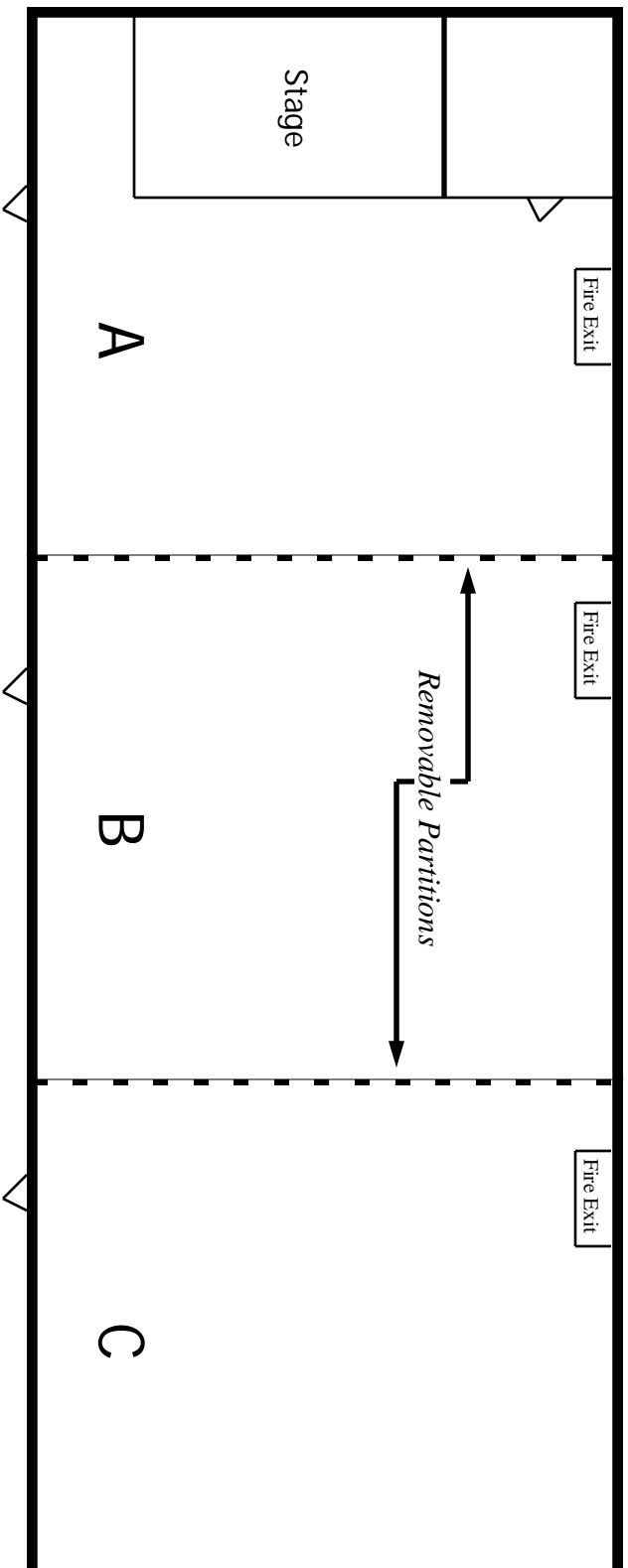
MEETING ROOM SET UP REQUEST FORM

Room(s) _____

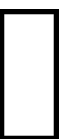
Time _____

Date(s) _____

GROUP _____ MEETING/WORKSHOP NAME _____



Please indicate how tables and chairs are to be placed by drawing a sample on the chart.
No tables or chairs by Fire Exit or doorways. Will not change set-up without advance notice.



= TABLE



= CHAIRS

Total number chairs Needed:

Total number tables Needed:

EQUIPMENT (if available)

___ Podium ___ TV & VCR ___ TV & DVD ___ Microphone ___ Screen

___ Slide Projector ___ Transparency Projector OTHER _____

(Please note: Laptop and stand alone projector are not available)

SUBMITTED BY _____ DAYTIME PHONE (_____) _____ DATE _____