Complete both sides. Please print. Library Card # __________________________

Organization __________________________________________________________________________

Purpose of Meeting ____________________________________________________________________

Address __________________________________ City ______________________ Zip ____________

Group Contact Person _____________________________ E-mail ______________________________

Contact Phone _________________________________ Fax ___________________________________

Date(s) Requested _____________________________________________________________________

Meeting Time ____________ to __________     Number of People Expected ________

Meeting room users are responsible for setting up the room and putting the furniture back the way it was found. In order to provide you with the necessary furniture, indicate what type of room set-up you will be using (circle one) and how many tables you will need.  # of Tables ______

Note: Only 3 chairs will fit per side of each table. A maximum of 6 tables may be available.

Send this form to:
Lake Hiawatha Branch Library, 68 Nokomis Avenue, Lake Hiawatha, NJ 07034, Attn: Annette Terrone
OR email to annette.terrone@parsippanylibrary.org

Office Use: Meeting Room A Meeting Room B Board Room Equipment

_____Approved     _____Approved, but please note date changes

_____Sorry, but the group does not meet the criteria stated in the agreement paragraph. The PAL Building may have available space. Contact PAL at 973-335-0555.

Rev. 3/26/18
Meeting Room Cost Assessment Page

Name of Group: 

A. How would you classify your group?

☐ Non-profit, Parsippany based – 50% of members live or work in Parsippany ($0)
☐ Non-profit, non-Parsippany based ($75/hr) $ 
☐ For profit ($125/hr) $ 

B. Do you need to use equipment?

☐ No ($0) ☐ Yes (staff fee $25) $ 

Please circle equipment needed
Screen  DVD player/projector  TV with DVD player

All groups, including non-profits, will be charged a $25 staff fee for use of audio-visual equipment. In order to use the library’s equipment and to make sure that it works with any electronic equipment and documents, the group facilitator must set up an appointment with the library concierge prior to the meeting date.

C. Do you need to meet after hours?

☐ No ($0) ☐ Yes (staff fee $25) $ 

Make check payable to Parsippany-Troy Hills Library.  Total A-C 

Deposit Fee
Meeting room deposit fee (refundable check) $50 

Please make out a separate $50 refundable deposit check to Parsippany-Troy Hills Library.

I certify that the group I represent is a governmental, non-profit, civic, cultural or educational organization or that the meeting to be presented is of an educational or cultural nature. Neither I nor my organization will in any way advertise, either verbally or in writing, or suggest or imply that the library is the host, the endorser or in any other way associated with this organization. I will abide by all library rules and regulations.

Signed:  ________________________________     Approved:  ___________________________
(contact person/group representative)  ( Library Director)

PAYMENT IS DUE AT THE TIME OF APPLICATION.

Send checks to:  Parsippany-Troy Hills Library, Lake Hiawatha Branch Library
Attention: Annette Terrone
68 Nokomis Avenue, Lake Hiawatha, NJ 07034