



Application for Use of Friends of Brighton Memorial Library Learning Center

Please read and retain for your records a copy of the Friends of Brighton Memorial Library Learning Center Use Policy that governs the use of the room. Complete the following application and return it to the library **not less than three weeks prior to the requested date**. A confirmation letter will be sent/faxed/mailed to you upon receipt of the application.

Please send application to: Brighton Memorial Library, Attn: Community Relations Manager
2300 Elmwood Avenue, Rochester, NY 14618 or judy.rosenberg@libraryweb.org

Date of application: _____

Name of organization: _____

Purpose of meeting: _____

- Any event held in this room must be free and open to the public.

Activities planned: _____

Day & date of meeting: _____

Time & duration of meeting: _____

- Allow for set up and clean up time.
- Include length and title if showing a video.
- The room must be vacated 15 minutes before the library closes.

Number of People Expected (not to exceed 88): _____

Specific equipment you are planning to use: _____

- Library equipment available: microphones, DVD/CD player, slide projector, overhead projector, cassette player. Request for use of library equipment must be made at time of application.
- BML reserves the right to determine appropriate use of library equipment.
- **The lectern is wired to the floor and may not be moved.**
- **Equipment and room set ups are not available on weekends.** The screen is available on weekends if you provide your own A/V equipment.

Number of chairs and tables desired and arrangement: _____

- 88 chairs, 4 six-foot tables, and 2 five-foot tables are available.
- Last minute requests for room set up changes may not be able to be accommodated by library staff.

Will there be a need for handicapped assistance (the library has a lift)? _____

Contact Person: _____ **Email:** _____

Address: _____

Phone: _____ **Fax:** _____

Contact person & phone # on day of event: _____

Contact for anyone interested in this event: _____

I have read the Learning Center Policy and understand that our group will be directly responsible for any damage we cause. If assistance is required while using the Learning Center, we will contact a BML Reference Librarian.

Signature(s): _____

Staff Use Only:

Approved: _____ Confirm. Sent: _____ Filed: _____ AV: _____ Set: _____

Voice (585) 784-5300; TDD (585) 784-5302; Fax (585) 784-5333^{11.2015jr}