



33 Hawthorne Avenue, Central Islip NY 11722 (631) 234-9333

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## REQUEST FOR USE OF COMMUNITY ROOM

TO: Board of Trustees

The \_\_\_\_\_ requests the use of the Community room for  
*Name of Organization*

\_\_\_\_\_ people for \_\_\_\_\_ people on \_\_\_\_\_ from  
*Type of Activity* *# of People* *Date*

\_\_\_\_\_ to \_\_\_\_\_.  
*Start Time* *End Time*

For repetitive events please add additional dates here: \_\_\_\_\_

Requests must be made at least 7 days in advance of the Trustee's meeting, typically held the last Tuesday of each month. Check the website ([www.centralisliplib.org](http://www.centralisliplib.org)) for updates. It is understood that the undersigned will be personally responsible to see that all regulations of the Board of Trustees are observed and that the group or organization will be responsible for damage resulting from misuse of the facilities.

(Please remember to indicate preferred room set-up on form labeled *COMMUNITY ROOM SETUP OPTIONS*)

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Person Responsible: \_\_\_\_\_

Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### **DISPOSITION:**

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Rejected: \_\_\_\_\_

Date: \_\_\_\_\_