



North Castle Public Library
North Castle Community Center
10 Clove Road, North White Plains, NY 10603
www.northcastlelibrary.org

Phone: 914-273-3887
Phone: 914-948-6359

FACILITY RENTAL APPLICATION FOR NORTH CASTLE COMMUNITY CENTER COMMUNITY ROOM

Name: _____ Organization (If Applies): _____
 Phone: _____ E-Mail: _____
 Address: _____
 Date Requested: _____ Type of Event: _____
 Event Start (Include Setup): _____ Event End (Include Cleanup): _____ # of Guests: _____
 Special Requests / Needs: _____

NCCC Community Room Rental Fee: \$60/hour. Number of hours: ____ Total amount due: _____

GENERAL RENTAL GUIDELINES:

1. Facilities are available on a first-come, first-served basis; Library programs and those of its affiliates take precedent in scheduling, followed by Town Boards / Committees. Reservations are NOT BOOKED until payment is received IN FULL. No refund for cancellations within 48 hours of event. Checks to be made out to "North Castle Public Library".
2. Any individual or group granted permission to use our facilities shall be fully responsible for any related damage to NCCC property, facilities, or their contents.
3. Facilities shall not be used for any commercial purposes, political campaigning / meetings (with the exception of debates), religious service functions, or fund-raising events.
4. Rentals are NON –TRANSFERRABLE and must be used by the individual who made the reservation. Those making reservations MUST be at least 21 years of age.
5. Certificate of Insurance required as per Town's insurance requirements (see separate sheet). The Town must be listed as "Additionally Insured" for all dates and facilities used. Sign and submit the attached Indemnification and Hold Harmless Agreement, Facility Rental Permit Contract.
6. The Library reserves the right to cancel or amend all reservations.

LIABILITY AGREEMENT

I, _____, have read and understand the provided rules and regulations for North Castle Public Library and agree to abide by them. I hereby agree to release the Town of North Castle, its Town Board, employees, and volunteers of any liability whatsoever in connection with any damages and / or injuries that I or a member of my party may sustain in using any facility owned or operated by the Town of North Castle.

Applicant Signature: _____ Date: _____

Library Director's Signature: _____ Date: _____

LIBRARY USE ONLY

<input type="checkbox"/> Application / Payment Received Date: _____ Approved: _____	<input type="checkbox"/> Insurance Received Date: _____ Approved: _____	<input type="checkbox"/> PAYMENT INFORMATION Rental amount paid _____ Check # _____
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