



North Castle Public Library—North White Plains Branch
North Castle Community Center Phone: 914-948-6359
10 Clove Road , North White Plains, NY 10603
www.northcastlelibrary.org Fax: 914-273-2139

FACILITY RENTAL APPLICATION FOR NORTH CASTLE COMMUNITY CENTER COMMUNITY ROOM

Also want the gym? (For gym rental, please contact North Castle Recreation 914-273-3000 x303)

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 should 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 the Town’s insurance requirements (see separate sheet). The Town of North Castle must be listed as "Additionally Insured" for all dates and facilities used. Sign and submit the attached Indemnification and Hold Harmless Agreement, and 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

Application / Payment Received
 Date: _____
 Approved: _____

Insurance Received
 Date: _____
 Approved: _____

PAYMENT INFORMATION
 Rental amount paid _____
 Check/Money order # _____