



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

REQUEST FOR LOBBY OUTREACH TABLE

TO: Administration

The _____ requests an outreach table in the Lobby for
Name of Organization

for _____ representatives on _____ from _____ to _____
of representatives *Date*

For repetitive events please add additional dates here: _____

Requests must be made at least 14 days prior to date you wish to reserve. Check the website (www.cilibrary.org) for updates. It is understood that the undersigned will be personally responsible to see that all regulations of the Central Islip Public Library are observed and that the group or organization will be responsible for damage resulting from misuse of the facilities.

Person Responsible: _____

Office Held: _____

Address: _____

Phone: _____ Email: _____

Alternate Person to Contact: _____

Address: _____

Phone: _____ Email: _____

DISPOSITION:

Approved: _____

Date: _____

Rejected: _____

Date: _____