

**Application for Library Program pg. 1**

Interested in partnering with the library to present a program for our patrons?  
Submit your program ideas by completing this form.

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORGANIZATION/BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE of PROGRAM: (Check One)

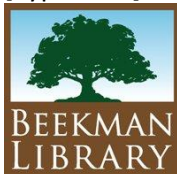
- AUTHOR/BOOK
- ARTS-(VISUAL OR PERFORMING)
- FINANCIAL
- CRAFT, COOKING, GARDENING
- SCIENCE/TECHNOLOGY
- PARENTING
- OTHER \_\_\_\_\_

TITLE OF PROGRAM \_\_\_\_\_

PROGRAM DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

[Type here]



11 TOWN CENTER BLVD  
HOPEWELL JCT. N.Y. 12533  
845-724-3414  
[WWW.BEEKMANLIBRARY.ORG](http://WWW.BEEKMANLIBRARY.ORG)

**Application for Library Program pg. 2**

AGE OF INTENDED AUDIENCE: \_\_\_\_\_

MAXIMUM/MINIMUM AUDIENCE: \_\_\_\_\_

LENGTH OF PROGRAM: \_\_\_\_\_

Is there a fee for the program? \_\_\_\_\_

If so, how much? (Must be board approved) \_\_\_\_\_

PREFERRED TIME AND DAY OF WEEK \_\_\_\_\_

WHAT WILL YOU PROVIDE, WHAT DO YOU EXPECT THE LIBRARY TO PROVIDE?

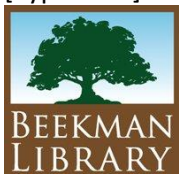
\_\_\_\_\_

**For Internal Use Only**

Approved \_\_\_\_\_ YES \_\_\_\_\_ NO Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_ Notified Date: \_\_\_\_\_ Notified by: \_\_\_\_\_

[Type here]



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