



**The Nyack Library**  
**59 South Broadway**  
**Nyack, NY 10960**  
**845-358-3370**

**PROGRAM / PRESENTER APPLICATION FORM**

*NOTE: The Nyack Library strives to present programming that reflects our Mission Statement, therefore all potential programs must be approved by the library Programming Committee prior to scheduling of the event. Sales of any kind are also subject to prior approval by the Nyack Library. Please indicate if attendees are required to sign any forms in order to attend program. The Nyack Library reserves the right to cancel any program without payment if fewer than four people are registered by three days prior to program start. (Should the Library decline to offer your program, meeting room spaces are available for private rental)*

Presenter Name (and title): \_\_\_\_\_

Presentation Title and Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Target Audience Age: \_\_\_\_\_ Max. # Attendees: \_\_\_\_\_ Length of Program: \_\_\_\_\_ Sales Requested? \_\_\_\_\_

Location: Community Meeting \_\_\_\_\_ Carnegie-Farian \_\_\_\_\_ Creative Lab \_\_\_\_\_

Virtual via Zoom \_\_\_\_\_ Record Zoom program? \_\_\_\_\_

The presenter grants the Nyack Library the right to post the recording on its digital content channels to share with the public (please initial)

Room Set-up and Equipment required (please be specific): \_\_\_\_\_

\_\_\_\_\_

Fee or Honorarium Requested? Y  N  Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature of Program Contact Person

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Signature of Library Contact Person

\_\_\_\_\_  
 Date

DO NOT make my name/phone number/email address public to patrons that may contact me about this program

**Return this form to:**  
 Programs Office  
 Nyack Library  
 59 South Broadway, Nyack NY 10960  
[programs@nyacklibrary.org](mailto:programs@nyacklibrary.org)

