



Schenectady County Public Library

99 Clinton Street • Schenectady, NY 12305 • 518.388.4500

www.scpl.org

Program Application

Name: _____

Address: _____

Phone Number: _____ Email: _____

Relevant Experience:

Proposed Program Title: _____

Target Audience: _____

Program Description:

Proposed Date(s) and Time(s): _____

Virtual Content? Prerecorded Live N/A

Please list prior experience presenting this program, with locations, contact person and phone numbers:

1. _____

2. _____

Your proposed fee for this program: _____

Please mail or email this completed application and any supporting documents to:
schenectadypubliclibrary@gmail.com with "Attention: Programs" in the subject line.

Policy Note:

No promotional materials to solicit business may be distributed. All material to be distributed as part of the program must be pre-approved by the Programming Librarian. In addition, program presenter is not allowed to require participants to sign-in and/or contact for mailing lists as a condition of entry to program.

Please initial and date that you have read, understand, and will comply with this policy _____

Applications will be kept on file for 1 year. Submission of this application does not guarantee a program booking.