



Schenectady County Public Library
99 Clinton Street
Schenectady, NY 12305
518.388.4500
www.sctl.org

PROGRAM APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relevant Experience: \_\_\_\_\_

Type of program you propose (include/ attach the following information- projected length of program, intended audience age/size, equipment needs, location (central/ branch), proposed handouts and detailed content outline):

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

When (time of year and time of day) would you like to hold this program? \_\_\_\_\_

Where have you presented this before? Please give locations, contact person and phone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

References (with 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

Policy Note:

The Schenectady County Public Library policy places restrictions on the types of materials that may be distributed at Library programs. 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, sign-in may not be required as condition to entry to a program.

Please initial 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.