

Middleborough Public Library

102 North Main Street | Middleborough, MA 02346 | (508) 946-2470

MEETING ROOM APPLICATION

Name of the organization:

Is your organization a non-profit?: Yes No

(The Meeting Room Policy requires non-profit status.)

Date of the meeting:

Hours needed:

Contact person:

Phone number:

Email address:

Room being requested:

Large Meeting Room

Wilfred M. Silvia Trust Room

Small Children's Program Room

Purpose of the meeting:

THINGS TO CONSIDER:

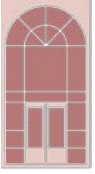
Provide attendees with a contact person for any questions they might have about the meeting.

Library parking is limited; please encourage attendees to park in the municipal parking lot behind the Police Station.

All necessary set-up and clean-up must be provided by the organization. Remember to allow time for this when reserving the room.

It may be helpful to bring a sign for the Library door directing the attendees to the appropriate room as they arrive.

No reservation is guaranteed until confirmed in writing.



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Number of attendees expected:

Audio/visual equipment needed:

Nature of the refreshments if served:

Additional information:

I, the above named individual, has read the Program Room Policy and agrees to accept full responsibility for the observance of regulations and any damage to library property and equipment during the hours noted above.

Signature

Date

STAFF SECTION

Completed by:

Name (Print): _____

Signature: _____

Date _____