MEETING ROOM APPLICATION

Name of the organization:	
Is your organization a non-profit?: (The Meeting Room Policy requires non-profit stat	Yes No
Date of the meeting:	Hours needed (i.e. 3pm to 4pm):
Contact person:	
Phone number:	Email address:
Room being requested:	
Large Meeting Room	Wilfred M. Silvia Library 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.



Middleborough Public Library

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

Number of attendees expected:	
Audio/visual equipment needed:	
Nature of the refreshments if served:	
Additional information:	
I, the above named individual, have read to accept full responsibility for the obse	d the Program Room Policy and agree ervance of regulations and any damage
to library property and equipment durin	
Signature	Date
STAF	F SECTION
Completed by: Name	
(Print):	
Signature:	
Date	