West Bridgewater Public Library

Application for Meeting Room Use

80 Howard Street, West Bridgewater, MA 02379

INSTRUCTIONS: Please complete and submit this application form to the Director at lease one week prior to the date you wish to use the Meeting Room.

DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF MEETING ROOM USE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF ORGANIZATION OR GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THE ORGANIZATION A NON-PROFIT? \_\_ YES \_\_ NO

No admission fee may be charged or any money collected by the group unless with the express permission of the Board of Library Trustees. All meetings must be open to the public.

TIME OF MEETING ROOM USE: (including time for set-up and clean-up.)

FROM \_\_\_\_\_\_\_\_\_ A.M./ P.M. TO \_\_\_\_\_\_\_\_\_ A.M./ P.M.

EXPECTED ATTENDANCE: \_\_\_\_\_\_\_\_\_\_\_\_

WHAT EQUIPMENT OR OTHER ITEMS, IF ANY, ARE YOU REQUESTING? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL REFRESHMENTS BE SERVED? \_\_ YES \_\_ NO

IF YES, DO YOU REQUIRE THE USE OF THE LIBRARY KITCHEN? \_\_ YES \_\_ NO

The applicant is responsible for arranging the room as required for the meeting as well as returning all library equipment or furnishings to their proper location.

In making application for the use of the Meeting Room, the undersigned agrees to abide by the rules and regulations established by the Board of Library Trustees. The undersigned accepts responsibility for seeing that the room furnishings, materials, and equipment will be respected as public property and will be left in the same condition as when they were found. The undersigned further accepts responsibility for any damages incurred to library property either deliberately or through negligence on the part of members of the organization or invited guests in attendance.

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION IN ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIBRARY AUTHORIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_