

Application to Use Meeting Room

Name of Not-for-Profit Organization: _____

Description of the Organization:

Room Requested:

____ **Couper Room** – capacity 50, meetings can be held when library is closed, food permitted. \$50 deposit required if library is not open at start of meeting.

____ **Small Meeting Room** – capacity 12, only during hours library is open, no food or drink

____ **Small Conference Room** – capacity 6, only during hours library is open, no food or drink

Day and Date: _____

Meeting Time: _____ through _____
(Hour begins) (Hour ends)

Equipment Requested:

____ Television ____ DVD player ____ VCR ____ Podium ____ Easel
____ Overhead Projector ____ Slide Projector ____ Kitchen access
____ Screen

I have read the meeting room policy and agree to abide by the rules and regulations for room use.

[Signature of Applicant] [Date]
Applicant's Name _____

Address _____

Telephone _____ Email _____

Approval granted by [staff member]: _____
Date: _____

Return this form to the library in person , by email or by fax [978-952-2323]. Your reservation is not confirmed until it is signed by a staff member.