

Richards Memorial Library
118 North Washington St.
North Attleboro, MA 02760
508-699-0122 fax: 508-699-8075

MEETING ROOM APPLICATION

Instructions: Please complete and submit this application form to the Associate Director/Director at least 2 weeks prior to the date you wish to use the meeting room.

Date of Application: _____ Date of Meeting Room Use: _____

Time of meeting room use: from: _____ to: _____

Name of organization/group: _____

Name of contact person: _____

Position in organization/group: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Meeting purpose or function: _____

Anticipated attendance (40 maximum): _____

Furniture arrangement (You are responsible for setting up the chairs): _____

Special requirements: _____

Will refreshments be served? _____ Yes _____ No

If yes, do you require the use of the library kitchenette? _____

Fee for after hour coverage: (\$20.00/hr; Make checks payable to *Richards Memorial Library*)

Amount enclosed: \$ _____

For Office Use Only:

Ck rec'd: _____ Am't _____ Date confirmed: _____

Receipt given _____ Staff/Coverage assigned: _____