

RAYNHAM PUBLIC LIBRARY
MEETING ROOM APPLICATION
FAX this application to 508.824.0494

Name of Applicant: _____

Address: _____

Phone Number: _____ e-mail: _____

Name of Organization: _____

Address of Organization: _____

Purpose of meeting: _____

Date of meeting: _____

Time of meeting: _____

Number of people expected: _____

Room requirements: Tables _____ Chairs _____ Equipment _____

I have read the Raynham Public Library Meeting Room Policy, and I agree to abide by its guidelines and to be responsible for damages to the library equipment, furniture and/or facilities during my scheduled use of the room.

I agree to pay the \$25.00 fee for use of the room upon or before my scheduled use of the room.

Signed: _____

Date: _____

Received and scheduled by Library Staff member: _____

Approved by Library Director: _____

Date: _____