PEMBROKE PUBLIC LIBRARY MEETING ROOM APPLICATION

Contact person: Deborah Wall, Library Director Phone 781-293-6771 x 13

Meeting Dates_____

Arrival Time_____ Departure Time_____

Please reserve the room to allow time to set up and clean up. Each group is responsible for setting up the tables and chairs and returning the room to its previous condition. If setting up may not be possible, please speak with the contact person to make other arrangements. A vacuum is available in the kitchen for your use.

PLEASE CALL TO CANCEL IF YOU WILL NOT BE USING THE ALOTTED TIME.

Group or Organization Name_____

Contact Person 1:_____
Address:_____
Telephone number:_____

Contact Person 2:_____
Address:_____
Telephone:_____

Meeting Room Hours Available
Mon-Thur 10:00 am to 9:30 pm Fri 10:00 am to 6:30 pm Sat 10:00 am to 4:30 pm

Type of Organization or Group
____Public Non-Profit ____Community Group ___Individual ____Business ___Condo Assn

Type of Meeting or Program _____

How many people do you expect will attend? _____ Is it open to the public?___Yes___No

Will refreshments be served?_____

Please indicate if you will need any of the following equipment: ___Podium ___Easel
____VCR/TV ____Overhead Projector ____ Slide Projector ___DVD/TV

I HAVE READ THE MEETING ROOM POLICIES AND AGREE TO ABIDE BY THEM

_____
Signature of applicant Date

Received by: Staff Initials:_____Deposit amount received:_____Date_____
Approved: _____Date_____

Rev. 9/1/11