

NORTH SCITUATE PUBLIC LIBRARY

Meeting Room Reservation Form

Group Name: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Purpose of Meeting:

Date(s) of Meeting: _____

Start Time (must be during library hours, including set up time): _____

End Time (end no later than 15 minutes before library closes to allow for cleanup): _____

Equipment Requested (please circle):

Laptop Projector

Please contact the reference librarian at 647-5133 prior to your meeting if you have questions about using our equipment or connecting your own laptop to our projector. Library staff may not be available for assistance with equipment the day of the meeting.

I have read and agreed with the North Scituate Public Library Meeting Room Policy and Procedures. I understand that I am responsible for setting up and putting away any furniture and equipment we use, and leaving the room in its original condition before the library closes. Failure to comply with these stipulations may result in denial of future requests to schedule the meeting room.

Your signature indicates your acceptance of all regulations herein attached.

Applicant Signature: _____ Date: _____

You will be contacted once your request has been approved, subject to availability.

Approved _____

Not Approved _____