

# Meeting Room Reservation Request

TODAY'S DATE:

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DATE OF ROOM USE:

START TIME:

END TIME:

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\*include time for set up and clean up

ROOM(S) REQUESTED:

Flora T. Little Meeting Room	
The Judith Gabriel Room	
The Mary Jarvis Conference Room	

The signing and submission of this form constitutes acknowledgement that the signatory has been given, and accepts the Bridgewater Public Library's Room Use Policies. Applicant further agrees to the timely payment of all applicable Room Use costs. Signatory accepts responsibility for fines due to damage or loss to the library caused by their group or attendees of their meeting, and further agrees to return the room to its original state prior to their use.

SIGNATURE:

PRINT NAME:

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ADDRESS:

PHONE:

EMAIL:

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NAME OF ORGANIZATION:

POSITION IN ORGANIZATION:

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LIBRARY APPROVAL SIGNATURE:

DATE:

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