Meeting Room Use Application

Name of Organization/Group: ____________________________________________________________

Contact Person: _____________________________________________________________________

Phone: ___________________________ Email: ______________________________________________

Mailing Address: ______________________________________________________________________

Reservation date(s): ____________________________________ Time(s)*: _________________________

*Available for use during the Library’s operating hours: Mon. & Thur. 10-8 / Tues., Wed. & Fri. 10-5. Events must conclude 15 minutes prior to closing. **Exceptions must be approved by Library Director.**

Intended Use (briefly describe program/meeting):

____________________________________________________________________________________

☐ Private use ☐ Public invited Number of attendees expected: ____________

Available Space: (Circle One)

<table>
<thead>
<tr>
<th>Meeting Room</th>
<th>Conference Room</th>
<th>Quiet Study Room #1</th>
<th>Quiet Study Room #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seats 84 without tables 10 tables available</td>
<td>Seats up to 12 w/tables</td>
<td>Each seats up to four with a table</td>
<td></td>
</tr>
</tbody>
</table>

☐ Non-profit group

☐ Local business/group meetings(s), sponsored by a Town of Dudley resident, with a general public interest which may directly or indirectly generate income or revenue for the sponsoring resident of the Town.

Meeting Room – $50.00 / Conference Room – $25.00 / Quiet Study Room – $15.00

☐ Other business group(s) or meetings(s):

Meeting Room – $100.00 / Conference Room – $50.00 / Quiet Study Room – $25.00

**Fees are for three hours use.** There will be a $25.00 charge for each additional hour, if the room is available.

I have read the Pearle L. Crawford Memorial Library Meeting Room Use Policy and agree to abide by its terms. By signing below I agree to assume responsibility for enforcing the provisions of the policy while the individuals or organization I represent use the Library. I agree to accept all liability for damages resulting from the use for which I have signed.

Signature:______________________________________________ Date:______________________

Library Director signature:_________________________________ Date:______________________

Checks should be made out to the “**Friends of the Pearle L. Crawford Memorial Library.**” Payment requested five days prior to the event.

Library use only: ____Approved ____Not approved ____Fee Received (if applicable)

Updated: 2/7/15