



**Pearle L. Crawford  
Memorial Library**

40 Schofield Avenue  
Dudley, MA 01571

P: 508-949-8021  
F: 508-949-8026  
www.crawfordlibrary.org

## 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)**

Meeting Room	Conference Room	Quiet Study Room #1	Quiet Study Room #2
Seats 84 without tables 10 tables available	Seats up to 12 w/tables	Each seats up to four with a 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)