

Whipple Free Library
67 Mont Vernon Road
New Boston, NH 03070
(603) 487-3391
Fax: (603) 487-2886
whipplefreelibrary@gmail.com

Meeting Room Reservation Form

Date of application: _____

Type of Event: _____

Reservation Dates (limit to 3 months at a time) _____

Reservation Time (include set-up and clean-up): _____

Room to be reserved (Circle one): **Russell Community Room** **Conference Room**

Nonprofit Group Name: _____

Expected Attendance: _____

See attached list for Equipment Needs

Contact Person (Must be a New Boston resident at least 18 +): _____

Address: _____

Phone: _____

Email: _____

Second Contact Person (Required for groups larger than 10, must be a New Boston resident at least 18 +):

Address: _____

Phone: _____

Email: _____

For after-hours usage:

The **Alarm Fob**, **Building Keys** and **Feedback Form** must be picked up by the primary or secondary contact person during open library hours. The fob, keys and form should all be placed in the book drop after the building is locked and secured following the meeting. Please be sure this box is closed before dropping it into the book drop. **There will be a \$150 fee for the failure to return the alarm fob and a \$50 fee for failure to return any building keys.**

I have read the Whipple Free Library's Meeting Room Policy and understand the conditions under which it may be used and that I am responsible for any lost fobs/keys, damages, or cleaning costs, incurred as a result of my usage. Failure to comply may result in cancellation or refusal of future reservations.

Signature of Responsible Person: _____

Library Assistant Director's Signature: _____

Donations to offset the cost of furniture, equipment, and operations are always appreciated. All donations can be designated to the Whipple Free Library.