MEDWAY PUBLIC LIBRARY
26 High Street, Medway MA 02053
MEETING ROOM USE APPLICATION

NAME OF ORGANIZATION: ____________________________________________

PERSON FILING APPLICATION: ______________________________________

ADDRESS: __________________________________________________________

PHONE: __________________ EMAIL: ________________________________
(Circle preferred contact: PHONE/EMAIL)

ROOM REQUESTED:
___ Cole A (Up to 25)  ___ Cole B (Up to 50)  ___ Cole A+B (Up to 100)  ___ Conference Room (Up to 10)  ___ Story Room / Other (Limited use)

DATE(s) REQUESTED: _______________________________________________

TIME: _______ to _______  GROUP SIZE: _______  FEE: ________________

Fee: We will pay the fee of $25 per Booking Date assessed to "for profit" groups, organizations or companies.

Waive fee: Our organization is funded primarily by donations, fund-raising or member dues.

EQUIPMENT REQUESTED:
___ Movie/Computer  ___ Connection for ___ Blu-Ray/DVD  ___ VCR  ___ Movie  ___ Movie/Music
  Projector computer Player Player Screen Speakers

PLEASE READ THE FOLLOWING AND SIGN BELOW
I have read, understand the attached regulations governing the use of meeting rooms, and agree to comply with these regulations. I am aware that a Booking Date is any period up to four hours, and longer meetings will be charged as multiple Booking Dates. I understand there will be an additional $30.00/ hour "custodial fee" if special permission has been granted to use library facilities beyond regularly staffed hours. This application is subject to Library Director's approval.

* All fees are due prior to function. Make checks payable to: Medway Public Library.

Applicant Signature ___________________________________ Date __________

FOR LIBRARY USE ONLY (Rev. 4/2012)

THIS ROOM USE:  ___ APPROVED  ___ DENIED  LIBRARY STAFF: _______

Room Fee: ___ Booking Dates ($25 each) = $________
Custodial Fee: $________
TOTAL DUE* = $________