Abington Public Library Meeting Room Application Form

Please contact the Library with your request at ablib@ocln.org or call 781-982-2139 to confirm availability. Submission of this form without contact with a library staff member does not guarantee a booking for your requested date.

Name	of Organization:			
Purpose of Organization:				
Chairperson / Event Planner:				
Contac	t Person for this Meeting	j.		
	Title:			
	Address:			
Date R	equested:			
Times:	Starting:		Ending	
		• •	owever, access to the meeting room also vacated no later than 15 minutes before	_
Equipn	nent Needed:			
	Projector:	_Screen:	Sound System:	
	Number of tables:	Number of chairs:	Tables must be covered if used for	crafts.
organiz that th damag policy r	zation will abide by them e library does not mainta e to items belonging to t	n and accept responsibili ain special insurance cov The organization or its m	t thety for any damage incurred. It is also und verage and may not be held responsible for embers. Any violation of the meeting room a period of time to be determined by the	or any om
Signed	:			
Data				