

# Granby Free Public Library

297 East State Street Granby, MA 01033  
413-467-3320

## Application for Meeting Room Use

Reservation Date: \_\_ / \_\_ / \_\_\_\_ Time: (From) \_\_\_\_ am/pm (To) \_\_\_\_ am/pm

Name of Organization/Group: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative/Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Room Space Available:

Edith Neftel Warren Local History Room \_\_\_\_\_ Seats 6

Conference Room \_\_\_\_\_ Seats 14

Number of People Using Room: \_\_\_\_\_

I have read the Meeting Room Use Policy and agree to abide by it. I also agree to be held responsible for any infractions and to assume all responsibilities indicated in the regulations.

Signature: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_