



Jacob Edwards Library
236 Main Street
Southbridge, MA 01550
508-764-5426 Fax 508-764-5428

Meeting Room Application

Organization: _____

Contact Person: _____

Telephone #: _____ Email: _____

Reservation Date: _____ Time: _____

Anticipated Attendance: _____

Activity, Event, or Intended Use: _____

Furniture Arrangement: _____

Special Requirements: _____

I have been given a copy of the Jacob Edwards Library Meeting Room Policy and I assume responsibility for enforcing the provisions of this policy while the individuals or organization I represent use the library facility.

I agree to accept all liability for damages resulting from the use for which I have signed.

I understand that the room has not been officially booked until it has been approved by the Library Director and confirmed in writing.

Contact Person's Signature _____ Date: _____

Please return by fax to: 508-764-5428 or by email to: jelibrary@cwmar.org

Application Approved by: _____ Date: _____

Comments/Instructions: _____

Room Assigned: Pioppi Mills Periodical Craft

Confirmed with applicant By: _____

Entered on calendar By: _____