

# Wadleigh Memorial Library

## Meeting Room Request Form

This form is for use by organizations outside of the library wishing to book the use of meeting rooms in the library. Rooms are available at no cost to local non-profit, civic and cultural organizations, subject to availability and adherence to the Meeting Room Policy. All meeting room reservations must be confirmed by the Library Director or his/her designee. Do not assume that a room is booked until you receive a confirmation. Please be sure to read the Meeting Room Policy; signing this request form indicates your compliance with all Library policies. Please fill out and return a signed copy of this form to:

Director  
Wadleigh Memorial Library  
49 Nashua Street  
Milford, NH 03055-3753  
Fax# 603-672-6064  
director@wadleighlibrary.org

Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Room (s) desired: \_\_\_ Keyes (large)      \_\_\_ Conference      \_\_\_ A/V

Date & Time desired: \_\_\_\_\_ Date      From: \_\_\_\_\_ To: \_\_\_\_\_ Time

Purpose of meeting/Program title: \_\_\_\_\_

Approximate number of attendees \_\_\_\_\_

Tables and chairs needed \_\_\_\_\_

Is this a regularly scheduled meeting? \_\_\_\_\_ If so, how often and on what interval do you wish to book the room? (e.g. 3<sup>rd</sup> Monday at 7:00 PM) \_\_\_\_\_

I hereby request the use of the library facilities listed above and agree to abide by and comply with the terms listed in the Meeting Use Policy.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

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