

MEETING ROOM RESERVATION FORM

CHARLTON PUBLIC LIBRARY

40 Main Street, Charlton, MA 01507

Phone 508-248-0452

Reservation Date: _____

Time: From _____: _____ AM/PM to _____: _____ AM/PM

Meetings must be held when library is open:

Monday 9:30-5:00, Tues. 9:30-8:00, Weds. 9:30-5:00, Thurs. 9:30-8:00, Sat.
9:30-3:00

Name of Organization/Group: _____

Telephone: _____ Fax: _____ Email: _____

Representative/Contact: _____

Mailing Address: _____

MEETING ROOM SPACE AVAILABLE (CIRCLE ONE)

Dexter Hall	Community Room	Trustee's Room	Quiet Study Rooms
Seats 80 w/tables, 180 without tables	Seats 32 with or without tables	Seats 8 with table	Each room seats 1 or 2 with table

Number of people using room: _____ number of tables: _____

Fees Collected (For-Profit Groups Only):

Dexter Hall \$ _____ Community Meeting Room \$ _____

Having read the Meeting Room Policy, my group agrees to abide by said policies and the undersigned agrees to be personally responsible for any infractions thereof and to assume all responsibilities indicated in the regulations.

Signature: _____

Name: (please print) _____

Address: _____ Phone: _____

Library Director's signature: _____

Date: _____

