



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@cwmars.org](mailto:jelibrary@cwmars.org)

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_

Room Assigned: Pioppi Mills Periodical Craft

Confirmed with applicant ☐ By: \_\_\_\_\_

Entered on calendar ☐ By: \_\_\_\_\_