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

Meeting Room Application

Organization: _____

501(c) 3: ☐ Yes ☐ No Organization is based in Southbridge - ☐ Yes ☐ No

Contact Person: _____ Phone number: _____

Email: _____

Name of Event: _____

Anticipated Attendance (#) : _____ Purpose of Event: _____

_____

Reservation requests must be made in writing **at least one month, but no more than 60 days, in advance of the meeting date per the policy.**

My request falls within this reservation window. ☐ Yes ☐ No

The library is **only** available during regular business hours Mon. & Thurs.: 9 am-8 pm, Tue., Wed., & Fri.: 9 am-5 pm, and Sat.: 9 am-1 pm (Sept. to May).

Requested date (first choice) _____ Second choice (if first is unavailable): _____

Start time (including set up): _____ End time (including clean up): _____

I acknowledge that all rooms must be vacated 10 minutes before closing. ☐ Yes ☐ No

The applicant will be responsible for furniture arrangement, as well as turning off the lights, securing the door, and returning the key to the front desk. Technical help may be available with advance notice contingent upon availability.

I have read 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 (or a lost key) 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 the form by email to: jelibrary@cwmars.org

STAFF: APPROVED BY: _____ DATE: _____

Date approval was sent to applicant: _____Added to Calendar (initial date): _____

Room booked: ☐ Pioppi ☐ Mills MRA-9826