



ACTIVITY ROOM RESERVATION FORM

Date of Application: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone/Cell Phone: _____

E-mail Address: _____

Event Date Requested: _____ *Alternative Date:* _____

Start Time: _____ End Time: _____

Prep Time Before Event: _____ Clean Up Time After Event: _____

Estimated Attendance: _____ *Please note: room capacity is 60 people*

Purpose of room use: _____

How does this group serve the Topsfield area? _____

I have read the Topsfield Town Library Activity Room Policy and Procedure and I agree to abide by the policy. I understand that I am responsible for the proper care of the room.

Signature: _____ Date: _____

Approval Signature: _____ Date: _____

Room use to take place within library hours

**Library Hours:
Monday, Tuesday, Wednesday and Thursday 10 - 7pm
Friday and Saturday 10 - 2pm**