



**MEETING ROOM RESERVATION FORM**

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Meeting Date Requested: \_\_\_\_\_ *Alternative Date:* \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Prep Time Before Meeting: \_\_\_\_\_ Clean Up Time After Meeting: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ *Please note: room capacity is 60 people*

Purpose of meeting: \_\_\_\_\_

How does this group serve the Topsfield area? \_\_\_\_\_

*I have read the Topsfield Town Library Meeting 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**