Stevens Memorial Library
20 Memorial Drive
Ashburnham, MA 01430
P: (978) 827-4115
F: (978) 827-4116
stevensmemoriallibrary@gmail.com

Facilities Use Request Form

Application for Single Booking

Name of Organization:_____

Address: _____

Organization Phone Number:_____ **Organization Email:**_____

Type of Organization (circle one): educational cultural intellectual recreational charitable

Purpose of Meeting:_____

Type of Activities to be Conducted: _____

Date Requested: _____

Arrival Time: _____ *(Begin set-up)* ***End Time:** _____ *(Clean-up finished)*

Number of Attendees: _____ **Room Requested (circle one):** community activity

Number of Chairs Required: _____ **Number of Tables Required:** _____

Audiovisual Equipment Requested:_____

***Serving Refreshments:** yes no ***Kitchen Required:** yes no

Name of Applicant: _____

Day Phone Number: _____ **Evening Phone Number:** _____

As an authorized adult representative of the above organization, I hereby apply for use of the facilities as indicated above. I have read the Library's Meeting Room Use policy and agree that all rules will be strictly observed. If a meeting is cancelled, I agree to notify the Library promptly.

Signature: _____ **Date:** _____

FOR LIBRARY USE ONLY

Room is not booked without these approvals

ROOM RESERVED (circle one): Community Room Activity Room

STAFF INITIALS: _____ DATE: _____

DIRECTOR APPROVAL: _____ DATE: _____

Required if end time is outside of standard or if other starred items are circled yes.