Expires:	
Staff:	_



MEETING ROOM APPLICATION/AGREEMENT

(Please book in advance by phone before sending application to quarantee availability.) Choose one: Meeting Room (seats up to 75) Conference Room (seats up to 12) Name of Organization: Purpose of Meeting: Expected Attendance: Meeting Date: _____ Start Time: _____ End Time: _____ (Meeting rooms can be reserved up to 60 days in advance) Eligibility for use of meeting facilities requires all of the following boxes to be checked and agreed to: □ I have read and will comply with the Library Meeting Room policy. □ Our meeting will be open to the public. We will leave the facilities exactly as we found them in accordance with the policy guidelines. I understand that while using the meeting rooms, no admission may be charged, and no products or services may be advertised, solicited or sold. □ I will notify the Library 24 hours in advance for cancellation. I understand that failure to comply with the Library's policies may result in the loss of use of the meeting facilities. Printed Name of Applicant Applicant's Signature Address:_____ Phone: Email:

Agreements must be submitted no later than 24 hours before an event for approval.

Email: greg.mcclay@billericalibrary.org

Fax: 978-670-9493

Mail: Meeting Room Bookings | Billerica Public Library 15 Concord Road, Billerica MA 01821