

Expires: _____

Staff: _____



BILLERICA
PUBLIC LIBRARY

MEETING ROOM APPLICATION/AGREEMENT

(Please book in advance by phone before sending application to guarantee 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: jstgermain@billericapubliclibrary.org

Fax: 978-670-9493

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