

OSTERVILLE VILLAGE LIBRARY
MEETING ROOM REGISTRATION APPLICATION

Library phone: 508-420-0550 Fax: 508-428-5557

PLEASE PRINT

Meeting/Event Information

Title of Event or Program: _____

Description:

Time (include beginning and ending times): _____

Date of Meeting _____ Expected number of attendees _____

Alternate Date (s)

Name of organization making request: _____

Contact _____ Title _____

Address _____ Telephone _____

E-Mail _____ Fax # _____

Other Organizations affiliated with this request, if any _____

I have read the Meeting Room Policy and have made a request to the Osterville Library based on the full understanding and acceptance of this policy. If this request is approved, I will assume personal responsibility for the discipline and reasonable care of the facilities and equipment therein during my organization's use of the space in connection with this application.

Signature: _____ Date: _____

Approved/denied: _____ Date: _____