

APPLICATION for ELPL Meeting Room Use

Date of application: _____ **Anticipated attendance:** _____

Room requested: Conference Room Large Meeting Room (and Kitchenette)

Meeting Date: _____ **Meeting time: from** _____ **to** _____

Purpose of meeting _____

Name of organization: _____

Your name*: _____

Your phone#: _____ **Your email address:** _____

Your street address: _____

Your town & zip code: _____

Please sign and return this application to the East Longmeadow Public Library, 60 Center Square, Suite 2, East Longmeadow, MA 01028-2457 or fax to 413-525-0344.

Questions? Please call 413-525-5400, x1503

Meeting rooms are not officially booked until you receive a confirmation from the library.

I have read the attached Meeting Room Policy and Guidelines and agree to abide by the terms.

Your signature: _____

Check here if you would like a photocopy of this signed, confirmed application.

***The person reserving the meeting room must be in attendance at the meeting and will be held responsible as described in the Meeting Room Policy, Guidelines and Application.**

FOR LIBRARY USE ONLY

Date application received: _____ **Date application confirmed:** _____

Confirmation made via: phone fax email mail in person

Signature: _____
(Library staff person making confirmation)

Comments:

Approved by the Board of Library Trustees, July 2004; Amended by the Board of Library Trustees, October, 2005; Amended by the Board of Library Trustees, February, 2007; Amended by the Board of Library Trustees, March, 2014.