

Bancroft Memorial Library
50 Hopedale Street
Hopedale, MA 01747
PHONE: (508) 634-2209 FAX: (508) 634-8095

MEETING ROOM APPLICATION

DATE: _____

ORGANIZATION: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

PURPOSE OF MEETING: _____

DATE OF EVENT: _____

TIME OF EVENT: Start _____ End _____

NUMBER OF ATTENDEES: _____

FOOD: _____ YES _____ NO

AUDIO-VISUAL EQUIPMENT: _____ YES _____ NO

FLYERS/ADVERTISING: _____ YES _____ NO

I understand the regulations regarding the use of the Program Room at the Bancroft Memorial Library. I accept all responsibility for any damages that may occur while using the facility.

Signature of responsible party

Director Approval