



Jacob Edwards Library
 236 Main Street
 Southbridge, MA 01550
 508-764-5426 Fax 508-764-5428

Meeting Room Application

Organization: _____

Contact Person: _____

Telephone #: _____ Email: _____

Reservation Date: _____ Time: _____

Anticipated Attendance: _____

Activity, Event, or Intended Use: _____

Furniture Arrangement: _____

Special Requirements: _____

I have been given a copy of the Jacob Edwards Library Meeting Room Policy and I assume responsibility for enforcing the provisions of this policy while the individuals or organization I represent use the library facility. I agree to accept all liability for damages resulting from the use for which I have signed.

Contact Person's Signature _____ Date: _____

Please return by email to: ctiberii@cwmar.org (Corinna Tiberii) or by fax to: 508-764-5428

Application Approved by: _____ Date: _____

Comments/Instructions: _____

Room Assigned: Pioppi Mills Periodical Craft

Entered on calendar: By: _____