

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

MEETING ROOM APPLICATION

Organization: _____

Contact Person: _____ Telephone#: _____

Reservation Date: _____ Time: _____

Anticipated Attendance: _____

Activity, Event, or Intended Use: _____

Furniture Arrangement: _____

Special Requirements: _____

I've 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 _____

Application Approved by _____ Date _____

Library Director

Comments/Instructions: _____

Room Assigned Pioppi Southbridge

Entered on calendar: By: _____

Please return by email to: ctiberii@cwmars.org (Corinna Tiberii)

Or by Fax to: 508-764-5428