MEETING ROOM RESERVATION REQUEST FORM

Stoughton Public Library
84 Park Street
Stoughton, Massachusetts

_____
(Today's Date)

Reservation Date: _____ Estimated Number of People: _____

Name of Group or Organization: _____

Room Requested (check one):

____ Community Meeting Room (180 max) ____ Children's Story Craft Room (30 max)
(for children's events only)

____ Conference Room (22 max)

Purpose of Reservation: _____

_____

Event Start Time: _____ Event End Time: _____

Reservation Start Time: _____ Reservation End Time: _____

(Please allow at least 30 minutes before and after your event for set-up and break-down.)

Representative's Name: _____

_____ _____
(Street Address) (Email)

_____ _____
(City, State & Zip) (Telephone)

I have read Stoughton Public Library's *Meeting and Study Room Policy* and agree to ensure my group or organization adheres to all library policies. I also accept responsibility for any damage to library property or personal injury that may occur due to the negligence of any member of the group or organization.

_____
(Signature)

Approved by the Library Board of Trustees – September 2023