



ABBOT PUBLIC LIBRARY

235 Pleasant Street, Marblehead, MA 01945
(781) 631-1481; Fax (781) 631-9419

MEETING ROOM RESERVATION APPLICATION FORM

Today's Date: _____ / _____ / _____

Day and Date of Meeting: _____, _____ / _____ / _____

Meeting Start Time*: _____:_____ Meeting End Time*: _____:_____

** Please include one half hour before for set-up and one half hour after for clean-up. Times requested must be during regular library hours and meetings must conclude 15 minutes before the library closes.*

Name of Requesting Organization: _____

Name of Organization's Contact Person: _____

Address: _____

Phone number: _____

Email: _____

Purpose of Meeting: _____

Expected Attendance: _____

Target Audience: Children Teens Adults Seniors All Ages

Will representatives of the press or news media be present? Yes No

If yes, please indicate which media: _____

Would you like to request the use of Audio/ Visual equipment? Yes No

If yes, please specify the type of equipment (check all that apply):

Handheld Microphone

Podium

Screen

Television

DVD Player

VHS Player

Slide Projector

Overhead Projector

Internet Connection

Would you like to request permission to serve food and/or beverages? Yes No

Please note below (or attach a separate document) your desired set-up for this meeting, including the number of chairs and tables. These arrangements can be discussed in further detail closer to the date of your meeting:



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Please review and check each statement:

- I have read and will comply with the Library's Meeting Room Policy, Procedure and Guidelines.
- When finished, I will return the meeting room to the condition in which I found it.
- I understand that failure to comply with any of the Library's policies and guidelines may result in the loss of future use of meeting rooms.
- I agree to indemnify, defend and hold harmless Abbot Public Library and the Town of Marblehead their trustees, employees and agent, from any and all claims, losses, damages, judgements, costs and expenses (including attorney's fees and expenses) arising out of my use of the meeting room, including damage to or harm arising from my use of other areas of the premises in connection with my use of the room.
- I agree to pay a fee at the rate of \$25.00 per three hours for use of the room.
Make check payable to the Town of Marblehead. Official Town departments and committees and groups associated with the Library, such as the Friends of the Library, the Board of Trustees, etc. may use the Meeting Room at no charge.
- I am signing this agreement on behalf of the following organization:

OR
- I am signing this agreement on behalf of myself as an individual.

Signature of Meeting Contact Person: _____

| STAFF USE ONLY | |
|--|-------|
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Disapproved, and reason: | |
| <input type="checkbox"/> Authorization for refreshments: | |
| <input type="checkbox"/> Authorization for A/V equipment | |
| Director's Signature: | Date: |