

Groton Public Library

99 Main Street Groton, MA 01450
Phone: 978-448-1167 ~ Fax: 978-448-1169

MEETING ROOM RESERVATION FORM

(MAY BE DUPLICATED)

Please note: Meetings must be held when the library is open.
(T/TH, 10am-9pm, W/F 10am-5pm, SA 10am-3pm)

Reservation Date: ___/___/___ Time: (From) ___ am/pm (To) ___ am/pm

Name of Organization/Group: _____

Telephone: _____ Fax: _____ Email: _____

Representative/Contact: _____

Mailing Address: _____

MEETING ROOM SPACE AVAILABLE

Sibley Hall _____ Seats 50 w/tables, 75 without

Community Room _____ Seats 15 w/tables, 30 without

Conference Room _____ Seats 6, with table

Quiet Study Room _____ Seats 1-3, with table

NUMBER OF PEOPLE USING ROOM: _____ # of TABLES: _____

**IF SPECIAL SEATING ARRANGEMENTS ARE REQUIRED, PLEASE EXPLAIN
HERE:** _____

Having read the Meeting Room Use Regulations, my group agrees to abide by said regulations and the undersigned agrees to be personally responsible for any infractions thereof and to assume all responsibilities indicated in the regulations.

Signature: _____

Name: (please print) _____

Address: _____ Telephone: _____

Approved by: _____ Date: _____