



BILLERICA PUBLIC LIBRARY
15 CONCORD ROAD BILLERICA, MA 01821

Mtg. Dates _____

Time: _____
Approval Date _____
Staff Initials: _____

**MEETING ROOM
APPLICATION/AGREEMENT**

(Please book in advance by phone before sending application to guarantee availability)

Choose one: _____ Mtg. Room (seats up to 75) _____ Conference Room (seats up to 12)

Name of Organization _____

Purpose of the Meeting _____

Expected Attendance _____

Meeting Date (**No meeting may be reserved more than 60 days in advance**) _____

Meeting Time (Hour begins) _____ (Hour ends) _____

Eligibility for us of meeting facilities requires all of the following boxes to be checked:

- I have read and will comply with the Library Meeting Room policy.
- Our meeting will be open to the public.
- We will leave the facilities exactly as we found them in accordance with the policy guidelines.
- I understand that while using the meeting rooms, no admission may be charged, and no products or services may be advertised, solicited or sold.
- I will notify the Library 24 hours in advance for cancellation.
- I understand that failure to comply with the Library's policies may result in the loss of use of the meeting facilities.

Signature of Applicant and Responsible Person _____

Address _____ Phone number _____

E-Mail Address _____ Fax number _____

Mail to:
Meeting Room Bookings
Billerica Public Library
15 Concord Road
Billerica, MA 01821