

Application for Meeting Room Use



Name of non-profit organization: _____

Contact person (Andover resident): _____

Address: _____

Telephone #: _____ Alternate phone #: _____

Email address: _____

Date requested: _____ Number of attendees expected: _____

Time room is to be used (*include set-up time*): _____

Instructions for Room Setup or A-V Equipment Desired (*use symbols to draw set-up*):

Key: square table rectangular table **X X X** chairs

I have read the Meeting Room Policy and agree to abide by its terms:

Signature: _____

Please print, sign and return this entire document (by U.S. post or fax) to:

*Vicki Murphy, Administrative Assistant
Memorial Hall Library
2 North Main Street
Andover, MA 01810
Phone: 978-623-8401 x41, Fax: 978-623-8407*

Note: The room is not officially "booked" until the Administrative Assistant confirms your reservation.

Approved: Board of Library Trustees, February 7, 2007