

**MEDWAY PUBLIC LIBRARY**  
26 High Street, Medway MA 02053  
**MEETING ROOM USE APPLICATION**

NAME OF ORGANIZATION: \_\_\_\_\_

PERSON FILING APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Circle preferred contact: PHONE/EMAIL)

ROOM REQUESTED:

Cole A       Cole B       Cole A+B       Conference Room       Story Room / Other  
(Up to 25)      (Up to 50)      (Up to 100)      (Up to 10)      (Limited use)

DATE(s) REQUESTED: \_\_\_\_\_

TIME: \_\_\_\_\_ to \_\_\_\_\_ GROUP SIZE: \_\_\_\_\_ FEE: \_\_\_\_\_

**Fee:** We will pay the fee of \$25 per Booking Date assessed to "for profit" groups, organizations or companies.

**Waive fee:** Our organization is funded primarily by donations, fund-raising or member dues.

EQUIPMENT REQUESTED:

Movie/Computer Projector       Connection for computer       Blu-Ray/DVD Player       VCR       Movie Screen       Movie/Music Speakers

PLEASE READ THE FOLLOWING AND SIGN BELOW

I have read, understand the attached regulations governing the use of meeting rooms, and agree to comply with these regulations. I am aware that a Booking Date is any period up to four hours, and longer meetings will be charged as multiple Booking Dates. I understand there will be an additional \$30.00/ hour "custodial fee" if special permission has been granted to use library facilities beyond regularly staffed hours. This application is subject to Library Director's approval.

\* All fees are due prior to function. Make checks payable to: **Medway Public Library.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR LIBRARY USE ONLY** (Rev. 4/2012)

THIS ROOM USE:     APPROVED     DENIED    LIBRARY STAFF: \_\_\_\_\_

Room Fee: \_\_\_\_\_ Booking Dates (\$25 each) = \$ \_\_\_\_\_

Custodial Fee: \$ \_\_\_\_\_

TOTAL DUE\* = \$ \_\_\_\_\_