

ROOM REQUEST FORM -- TOWNSEND PUBLIC LIBRARY

**Return to Library Staff Person or by email:
townsendlibrary@cwmar.org**

Office Use Only:	
Received by	_____
Date	_____
Time	_____

This form is intended for room use during regular library hours only. Rooms may be used only upon the approval of an authorized Townsend Public Library staff member. Not all rooms in the facility are available for public use. The Senior Center and the Library have priority in using these rooms.

No private parties will be authorized.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Avail. Hours	10:30a-4:30p	10:30a-7:30p	10:30a-7:30p	10:30a-7:30p	10:30a-4:30p	11am-1pm	No hours
Write requested hours in this section							X
DATE OF EVENT							

Name of individual responsible for request: _____

Contact – Phone: _____ Email: _____

Name of organization (if applicable): _____

Number of people attending (approximate if needed): _____

Purpose of meeting: _____

ROOM PREFERENCE – Not Guaranteed

- Meeting Hall – large (A) Meeting Hall – small (B) Whole Meeting Hall Trustee Conference Room

If you would like to request any of the study rooms, do not use this form; contact the library.
The Library Storytime room is not available for public use.

A/V EQUIPMENT

Use of any A/V equipment **MUST BE SPECIFICALLY REQUESTED HERE.**

- Availability of AV equipment is not guaranteed.
- Availability of technical assistance is not guaranteed.

- Projector DVD/Blu-ray Player Will you be using a laptop? Mac/Apple* Windows/PC
 Screen Only Mic/Audio *You must have an HDMI adaptor to connect a Mac to the projector

- Library is not responsible for technical malfunctions.

LIBRARY STAFF USE ONLY (put initials next to all steps taken)

___ Approved ___ Applicant notified ___ Entered into Assabet – date _____
 ___ Denied ___ Applicant notified – date _____
 ___ A/V use approved – name of staff person who will oversee _____

Name of room reserved: _____