

# Application for Use of Chelmsford Public Library Meeting Rooms

APPLICATION DATE \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

AUTHORIZED REPRESENTATIVE \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF ORGANIZATION: Educational ( ) Cultural ( )  
Civic ( ) Other (please explain) ( ) \_\_\_\_\_

Purpose of Organization  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am an authorized representative of \_\_\_\_\_  
(Organization Name)

and I have read and agree to abide by and uphold all policies and regulations governing the use of library premises or equipment. I understand our organization *must receive written permission* from the Library Trustees to waive the Meeting Room Guidelines that state, "All meetings are free and open to the public" and "No admission fee may be charged, no business, food or donations may be solicited, directly or indirectly, and no merchandise or beverages may be sold by any group without *written permission in advance from the Board of Trustees or the Library Director.*"

I want to reserve the

- McCarthy Meeting Room A (*kitchen side holds 25 people auditorium seating*) \_\_\_\_\_
- McCarthy Meeting Room B (*window side holds 50 people auditorium seating*) \_\_\_\_\_
- Whole McCarthy Meeting Room (*holds 75 people auditorium seating*) \_\_\_\_\_
- Conference Room (*holds 12 people at a conference table*) \_\_\_\_\_

Please list your first and second choice for meeting dates. (For example, Tuesday, November 16 from 7 – 8:45 p.m. or Wednesday, November 17<sup>th</sup> 7-8:45)

	Date(s)	Time Meeting Starts	Time Meeting Ends	Maximum # of Attendees
1st Choice	_____	_____	_____	_____
2 <sup>nd</sup> Choice	_____	_____	_____	_____

OR

**Check-off the timeframe your organization is requesting for regular monthly meetings.**

Please schedule my our monthly meeting the

1<sup>st</sup> week \_\_\_\_\_ 2<sup>nd</sup> week \_\_\_\_\_ 3<sup>rd</sup> week \_\_\_\_\_ 4<sup>th</sup> week \_\_\_\_\_ of each month.

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed., \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

## Application for Use of the Chelmsford Public Library Meeting Rooms Furnishings/Equipment Listings

Organization \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Day -time \_\_\_\_\_  
Phone \_\_\_\_\_

Maximum number of attendees \_\_\_\_\_

McCarthy Room - Light refreshments \_\_\_\_\_ will be served - \_\_\_\_\_ will not be served.

Please check off any items you are requesting for the above meeting date.

_____	Lectern	#_____	5' long table ( <b>max. 10</b> )
_____	Public Address system	#_____	Stackable chairs ( <b>max. 72</b> )
_____	TV/VCR	_____	Extension cord
_____	Piano	_____	White board/flip chart
_____	Slide projector	_____	Projection screen
_____	10-cup coffee maker (max. 2)	_____	Vacuum cleaner
_____	100-cup coffee maker	_____	Multi-media projector, (can be used with your own laptop)
_____	Easel stand		

Note: No stove, no microwave available.

McCarthy Room Seating Arrangement: Approximate number of people attending meeting

_____	Chairs in rows	_____	Tables with chairs
_____	Chairs in a Circle	_____	other (please describe, Or attach diagram)