

**TOPSFIELD TOWN LIBRARY
MEETING ROOM RESERVATION FORM**

One South Common Street
Topsfield, MA 01983
978-887-1528 FAX 978-887-0185 mto@mvlc.org

Date of Application: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone/Cell Phone: _____

E-mail Address: _____

Meeting Date Requested: _____ *Alternative Date:* _____

Starting Time: _____ Ending Time: _____, est. time for set-up _____

Estimated Attendance: _____ *Please note: room capacity is 60 people*

Title, Subject and purpose of meeting: _____

No solicitation or profit making programs are allowed in the meeting room and full disclosure must be presented to Library Director at the time of reservation requests.

How does this group serve the Topsfield area? _____

Equipment needed: _____

I have read the Topsfield Town Library Meeting Room Policy and Procedure and I agree to abide by the policy. I understand I am responsible for the proper care of the room.

Signature: _____ Date: _____

Approval Signature: _____

Date: _____

All requests are reviewed and approved by the Library Director. Due to the high use of the Meeting Room, it is suggested that a few alternative dates for your request be ready. You will be contacted directly by telephone or email regarding your request status.