



# East Greenwich Free Library

Knowledge is Priceless

## Meeting Room Request Form

Name of Organization: \_\_\_\_\_

Nature of Meeting: \_\_\_\_\_

Contact Information for Individual Filing Form and Accepting Responsibility for the Group:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have read the East Greenwich Free Library's Meeting Room Policy and agree to comply with its regulations and to accept responsibility for any expenses.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Responsible Host: (Someone who will be in attendance, responsible for the event, and who consents to receiving inquiries from the public, if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Meeting Start Time: \_\_\_\_\_ Meeting End Time: \_\_\_\_\_  
*Including Set-Up Time* *Including Clean-Up Time*

Please note that all meetings must be finished and the room vacated 30 minutes prior to closing.

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LIBRARY OFFICE USE

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Library Director Signature \_\_\_\_\_