



ROWLEY PUBLIC LIBRARY

141 Main Street, P.O. Box 276 Rowley, MA 01969

T:978.948.2850 ~ F:978.948.2266

www.rowleylibrary.org

**Meeting Room and Study Room
Reservation Form**

Date of Application _____

Name of Organization _____

Person responsible for program _____

Address/Email Address _____

Telephone _____ FAX _____

Meeting Date _____

Starting Time _____ Ending Time _____

Estimated Attendance _____

Room Requested for Use: ____ Meeting Room (65) ____ Salt Marsh Study Room (8)

Title, Subject and Purpose of Meeting: _____

How does this group serve the Rowley area? _____

Equipment Needed _____

I have read the Rowley Public Library Use of Library's Meeting Rooms (Policies and Procedures, Chapter 5) and I agree to abide by them. I understand I am responsible for the proper care of the room.

Signature _____

Date _____

Approval Signature _____

Date _____