

Jesse M. Smith Memorial Library

Mailing Address: 100 Tinkham Lane, Harrisville, RI 02830
FAX: 401-710-7772

APPLICATION FOR USE OF MEETING ROOM

FOR OFFICE USE ONLY

Date Rec'd _____ Time _____

Staff initial _____

Confirmation Date _____

Staff initial _____

Name of Organization _____

Date of Meeting _____ Start Time: _____ End Time: _____

Room Requested:

- Community Room (Capacity 135 persons / 65 w/ tables)
Approximate number of people attending _____
- Conference Room (Capacity 19 persons)
- Children's Program Room (Capacity 85 persons / 40 w/tables)

Please indicate if you will require any of the following:

- Table and Chairs _____ DVD Player Overhead digital projector
- Other (please list) _____

Please note: Library staff is not responsible for equipment set-up or use.

Will you be serving refreshments? (Community Room and Children's Program Room ONLY)

- No Yes (Library will contact you to arrange details)

On behalf of the above named organization, I have received a copy of the guidelines concerning the use of the meeting rooms at the Jesse M. Smith Library. I have read the regulations and agree to comply with them and accept the responsibility for any extraordinary expense.

Your Signature: _____

Your name (please print): _____

Your position in organization: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Photo ID: _____

Contact person to whom inquiries can be referred if different from the person listed above:

Contact person:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Note: Upon review of the application, the Library will contact the organization to confirm the booking.