Granby Free Public Library

297 East State Street Granby, MA 01033
413-467-3320

Application for Community Room Use

Reservation Date: __ / __ / ____ Time: (From) _____ am/pm (To) _____ am/pm

Name of Organization/Group: _____

Telephone: _____ Email: _____

Representative/Contact: _____

Mailing Address: _____

Number of People Using Room: (60 Maximum) _____

Number of Chairs Needed: (60 Maximum) _____

Number of Tables Needed: (4 Available) _____

List any A/V equipment needed: _____

I have read the Meeting Room Use Policy and agree to abide by it. I also agree to be held responsible for any infractions and to assume all responsibilities indicated in the regulations.

Signature: _____

Name: (Please Print) _____

Address: _____

Telephone: _____

Approved By: _____ Date: _____