



Meeting Room Use Application

Amherst Town Library 14 Main Street Amherst, NH 03031
Phone (603) 673-2288 Fax (603) 672-6063 library@amherst.lib.nh.us

Date of application _____

Organization

Contact Person

Phone No.

Email

Address

For display on public calendar

Title of Event

Details (optional)

Estimated Attendance _____

Johnson Meeting Room Archives Room

Date(s) Requested _____

Recurrs monthly on the

1st 2nd 3rd 4th

Sun Mon Tues Wed

Thur Fri Sat

Time

Events may be scheduled (including setup) during the library's open hours only. Meetings must adjourn at least 15 minutes before the library's scheduled closing time.

Setup	Start	End	Breakdown

Equipment Requested

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> DVD Player | <input type="checkbox"/> Mic-Sound System |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> VCR | <input type="checkbox"/> Podium |
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Television | <input type="checkbox"/> Kitchen Access |
| <input type="checkbox"/> 35mm Slide Projector | <input type="checkbox"/> Screen | |

Meeting Room Policy

As an authorized representative of the above organization, I hereby apply for the use of the meeting room as indicated above. I have read the policies and rules governing the use of the meeting room facilities and agree to abide thereby. If a meeting is cancelled, I agree to notify the library as far in advance as possible.

Signature: _____

Staff Use Only. Please initial and date.

Date application received

Recorded in Library Insight

Confirmed