

**Richards Memorial Library**  
118 North Washington St.  
North Attleboro, MA 02760  
508-699-0122 fax: 508-699-8075

MEETING ROOM APPLICATION

Instructions: Please complete and submit this application form to the Associate Director/Director at least 2 weeks prior to the date you wish to use the meeting room.

Date of Application: \_\_\_\_\_ Date of Meeting Room Use: \_\_\_\_\_

Time of meeting room use: from: \_\_\_\_\_ to: \_\_\_\_\_

Name of organization/group: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Position in organization/group: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Meeting purpose or function: \_\_\_\_\_

Anticipated attendance (40 maximum): \_\_\_\_\_

Furniture arrangement (You are responsible for setting up the chairs): \_\_\_\_\_

Special requirements: \_\_\_\_\_

Will refreshments be served? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you require the use of the library kitchenette? \_\_\_\_\_

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Fee for after hour coverage: (\$20.00/hr; Make checks payable to *Richards Memorial Library*)

Amount enclosed: \$ \_\_\_\_\_

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For Office Use Only:

Ck rec'd: \_\_\_\_\_ Am't \_\_\_\_\_ Date confirmed: \_\_\_\_\_

Receipt given \_\_\_\_\_ Staff/Coverage assigned: \_\_\_\_\_