

Application for use of Program Room/Martha's Vineyard Room/Conference Room

Facility:	Program Room	MV Room	Conference Room
Date Requested:		Time Requested:	to
Organization:			
Person Applying: _		Position in Group:	
Address:			
Telephone:		Email:	
Type of Meeting: _		Activity:	
Any Special Requi	rements or Equipmen	t Needed:	
Expected Attendan	ce: (Prog	ram Room: seated: MV	Room: seated: Conf: seated)
Will Refreshments	Be Served:		
application. All app			completing and submitting this e Edgartown Free Public Library
	es to leave the room is itions in which they w		condition with tables and chairs
The applicant accep	pts liability for all dar	mage to library facilities or	loss of library property.
_	ee Public Library assurants or their guests.	imes no responsibility for e	quipment or personal articles
Date:	Signature:		
For Internal Use O	nly		
Approved:		Notified:	
Authorized Signatu	ıre:	Date:	
Adopted on Marc	ch 14, 2016 by the E	dgartown Board of Trus	tees.