

Moultonborough Public Library
Program Room Reservation Form

Reservation Date: _____ Time: _____ to _____

Name and address of Organization:

Purpose of Event:

What will the use be?

Will audio visual equipment be requested? **Y N**

The use of the Audio Visual equipment is limited to library staff or their designee.

Will kitchen facilities be used? **Y N**

Estimated number of attendees _____

Representative/Contact Person and Title:

Physical Address:

Mailing Address:

Telephone: _____ Fax: _____

e-mail address: _____

Having read the Program Room Policies, my group agrees to abide by said Policies and the undersigned agrees to be personally responsible for any infractions thereof and to assume all responsibilities indicated in the Policy.

Signature: _____ Date: _____

**Person signing must be at least 18 years of age and physically present at the event.
Reservation is not complete until the signee receives confirmation from the director.**

Approved by: _____ Date: _____

Nothing may be tacked or taped to the walls or other surfaces.

ALL TRASH MUST BE REMOVED FROM THE LIBRARY

Rev. 2/17