

## Application for Meeting Room Use

Name of organization: \_\_\_\_\_

Contact person (Chilmark resident): \_\_\_\_\_

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

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Date requested: \_\_\_\_\_

Time room is to be used: \_\_\_\_\_

Instructions for room setup or A-V equipment desired:

I have read the library general and meeting room policy and agree to abide by its terms:

Signature: \_\_\_\_\_

Please print, sign and return this entire document (by U.S. post or fax) to:

Meeting Room Staff  
Chilmark Free Public Library  
P.O. Box 180  
Chilmark, MA 02535  
Phone: (508) 645-3360  
Fax: (508) 645-3737

*Note: The room is not officially "booked" until the library staff confirms your reservation.*