

ANDOVER PUBLIC LIBRARY
Meeting Room Application
PLEASE PRINT

Room: _____ Date needed: _____

Times needed: _____

Expected attendance #: _____ Date of application: _____

Organization applying: _____

Organization's address: _____

Organization's phone number: _____ FAX: _____

Description of meeting: _____

Contact person: _____

Phone number (W/H/C): _____

E-mail: _____

Contact person's address: _____

Serving refreshments: _____ YES _____ NO

Access to refrigerator/kitchen: _____ YES _____ NO
 (Please pay kitchen fee with application, if YES)

A/V use: _____ (Please pay equipment fee with application)

Signed: _____

No individual, group or organization using the meeting room will discriminate on the basis of race, color, national origin, gender, religion, age or handicapped status. Since no policy can be all-inclusive, approval of individual meeting situations not described here will be determined by the library director.