



**Acton Memorial Library  
Room Reservation Form**

Applicant represents that the organization applying has completed a current Preliminary Application Form and agrees to be bound by the terms thereof.

Date of Meeting \_\_\_\_\_  
Time of Meeting \_\_\_\_\_ to \_\_\_\_\_  
Number of Attendees (est.) \_\_\_\_\_

STAFF USE  
Date received \_\_\_\_\_  
Meeting Room (seating cap. 70) \_\_\_\_\_  
Conference Room (max. 15) \_\_\_\_\_

Acton Memorial Library's meeting rooms are available during the hours the library is open without charge for civic, cultural, educational and philanthropic activities of a non-profit, non-commercial nature. All events held in the meeting rooms must be open to the public. Please review the full Facilities Use Policy.

Name of Organization: \_\_\_\_\_

Purpose for which use is requested: \_\_\_\_\_

Name of organization's representative: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The person signing this request form acknowledges that s/he has read the Facilities Use Policy of the Acton Memorial Library and assumes full responsibility for the conduct of the event and its participants, as well as the care of the meeting room, as described in the Policy.

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

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**Meeting Room Set-up/Equipment Needs**  
*(applicable to the first floor Meeting Room only)*

Please let us know your needs for the meeting. The materials and equipment requested will be made available to you. Due to Maintenance staff reductions, the organization is responsible for setting up the room, so please plan accordingly.

____ head table	____ # of tables for attendees	____ carousel projector
____ refreshment table	____ screen	____ podium
____ # of chairs for attendees	____ overhead projector	____ multimedia projector* (driver's license will be held during use)