

Richard Salter Storrs Library

693 Longmeadow Street • Longmeadow, MA • Phone: (413) 565-4182 • Fax: (413) 565-4183

Reservation Application

FOR INTERNAL USE ONLY

Room Fee: _____ Rec'd:

Date Fee Rec'd: _____

Check No: _____ Copy:

Date Deposited: _____

Please complete this application and return it to:

Richard Salter Storrs Library
693 Longmeadow Street
Longmeadow, MA 01106
Attn: Heather Marchetta

Day & Date Room is Needed: _____ Application Date: _____

After processing, two copies of the agreement will be sent to the applicant. One copy must be signed and returned to the library before the room is used. Payment must accompany the completed form. **Make checks payable to the Richard Salter Storrs Library.**

The Betty Ann Low Meeting Room is available during the following hours subject to library functions: Monday-Wednesday 10:00 a.m.-8:00 p.m.; Thursday & Friday, 10:00 a.m. - 5:00 p.m.; and Saturday 10:00 a.m. - 4:00 p.m. Profit-making events are not permitted.

Name of Organization: _____

Mailing Address: _____

Telephone Number: _____

Contact Person: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Program or subject of meeting (describe briefly): _____

Anticipated Attendance: _____ Hours room will be in use: from _____ to _____

Will the meeting be open to the general public? (please circle one) YES NO

Will a fee be charged? Please explain: _____

Will refreshments be served? (please circle one) YES NO If yes, what type?

* Signature of Authorized Officer: _____

*** PLEASE NOTE: WHEN SIGNED BY THE AUTHORIZED OFFICER, THIS APPLICATION SIGNIFIES AGREEMENT TO ABIDE BY THE REGULATIONS LISTED IN THE BETTY ANN LOW MEETING ROOM POLICY STATEMENT.**

Approved by _____ Date: _____
Director, Richard Salter Storrs Library