

RICHARD SALTER STORRS LIBRARY
BETTY ANN LOW MEETING ROOM

RESERVATION APPLICATION

FOR INTERNAL USE ONLY:

Room Fee: _____ Rec'd:

Date Fee Rec'd: _____

Check No: _____ Copy:

Date Deposited: _____

Day & Date Room is Needed:

Application Date:

Please complete this application and return it to:
Richard Salter Storrs Library
Attn: Programming and Technology Librarian
693 Longmeadow Street
Longmeadow, MA 01106

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: _____

Phone Number:

E-mail Address: _____

Program or subject of meeting (describe briefly):

The following technology equipment is available for use. Please circle to borrow from Library. SMART BOARD APPLE TV
DVD PLAYER IPAD CHROMEBOOK SURROUND SOUND WIRELESS HEADSET WIRELESS MICROPHONE

Anticipated Attendance: _____ 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 ON THE BETTY ANN LOW MEETING ROOM POLICY STATEMENT.**

Approved by
Director, Richard Salter Storrs Library

Date: