

**EAST PROVIDENCE PUBLIC LIBRARY
APPLICATION FOR USE OF MEETING ROOM**

DATE & HOUR OF MEETING _____

DATE OF APPLICATION _____

In the name of the (organization) _____

I am applying for use of the Champlin Room of the East Providence Public Library. I agree to comply with the Library's regulations and to accept responsibility for any extraordinary expenses.

PROBABLE LENGTH _____ **PROBABLE ATTENDANCE** _____

Any special room requirements, such as number of tables, setup or other:

Nature of meeting: _____

Responsible host or hostess: _____

Address: _____

Phone Number: _____

Purpose and function of organization: _____

Name of President: _____

Name of person filing application: _____

Phone Number: _____ Signature: _____

*****PLEASE RETURN APPLICATION TO DIRECTOR'S OFFICE, ADDRESS BELOW*****

APPROVED: _____ NOT APPROVED: _____

LIBRARY DIRECTOR: _____ SCHEDULED: _____

Advance notice must be given for room cancellations. If your organization is a "NO SHOW", the rest of your meetings will be cancelled by the Library.