

**MERRIMAC PUBLIC LIBRARY MEETING ROOM**  
**MEETING ROOM RESERVATION FORM**

Thank you for your interest in using the Merrimac Public Library Meeting Room. Upon approval, the Merrimac Public Library will contact you, and keep your form on file for any future reservations. Resubmittal of this form is only required if any of the information changes and is the responsibility of the applicant.

Please submit this application to the Merrimac Public Library, 86 West Main Street, Merrimac, MA 01860, or fax it to: 978-346-8272, or email it to the Library Director Kelly Unsworth [kunsworth@merrimaclibrary.org](mailto:kunsworth@merrimaclibrary.org)

Please provide the following information for the primary contact who is at least 21 years of age and will be responsible to address any questions or concerns that may arise regarding the named organization’s use of the Library’s Meeting Room:

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

**Purpose of the Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Proposed Date(s) of Event:** \_\_\_\_\_

**Proposed Time of Event:** \_\_\_\_\_

**Please briefly describe your group / event:** \_\_\_\_\_

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All applicants acknowledge that they have read and agree to follow the “Rules for Use” and “Policies for Use” for the meeting room:

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

In reviewing the requirements for using the Meeting Room, the library does not discriminate on the basis of race, age, values, gender, sexual orientation, gender identity, cultural or ethnic background, physical, sensory, cognitive or learning disability, economic status, religious beliefs, or views.