

Turner Free Library Meeting Room Reservation Form – May Be Duplicated

Turner Free Library
2. N. Main St
Randolph, Ma. 02368
781 961 0932
Fax 781 961 0933

Reservation Date: _____
Time: From ____:____ AM/PM to ____:____ AM/PM
Name of Organization/Group: _____
Telephone _____ Email _____
Representative/Contact _____
Mailing Address _____

Is this event open to the public? Yes No
If so, please give a short description of the event. We will post this at www.turnerfreelibrary.org

Program start time: ____:____ AM/PM Program end time: ____:____ AM/PM

List any A.V. equipment needed: _____

Are you a non-profit organization? Yes No

Estimated number of people: _____

Number of chairs requested: _____ Number of tables: _____

Having read the TFL Room Use Policy, my group agrees to abide by said policies and the undersigned agrees to be personally responsible for any infractions thereof and to assume all responsibilities indicated in the regulations.

Signature: _____

Name: (please print) _____

Address: _____ Phone: _____

Approved by: _____ Date: _____