

Director's initials	Group Name
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**Room Reservations Application**

**Maxwell Memorial Library** has meeting room space for use by non-profit community groups, associations, and agencies when such space is not being used for library-sponsored programming. Please read Policies for Use of Community Room and Study before reserving a room.

\_\_\_\_\_  
Date(s) of use (include day of week):

\_\_\_\_\_  
Time of use (include setup/cleanup):

\_\_\_\_\_  
Name and phone number of person in attendance and responsible while room in use

\_\_\_\_\_  
Community Room (max 25 people)    \_\_\_ Study 1 or 3 (max 4 people)    \_\_\_ Study 2 (max 6 people)

\_\_\_\_\_  
Intended use

\_\_\_\_\_  
Est. Attendance

\_\_\_\_\_  
Current Date

\_\_\_\_\_  
Organization/Group/Individual

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Phone/Email

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