

**STOCKBRIDGE LIBRARY
ROOM RESERVATION APPLICATION FORM**

Please read the Stockbridge Library Room Reservation Policies before filling out this form. Those policies are available at the Library and on the Library's website, stockbridgelibrary.org.

Room

___ The Morris Stockbridge Room

___ The Ruth Krauss Room

___ Bement Room

Requested Room Use Date _____

Start Time _____

End Time _____

Expected Number of People ___

Equipment Needed

Projector and screen ___

Microphone ___

Podium ___

Blu-Ray player ___

Contact Information

Name _____

Name of Organization (if applicable)

Email _____

Telephone _____

Fax _____

The person signing below, individually, and on behalf of an organization (if applicable), has read the Stockbridge Library Room Reservation Policies, and agrees to comply with and be bound by those policies.

Signature of Applicant

Date

Name (please print)

Amount of Fee (if applicable)

Date Fee Paid (to be completed by Library staff)

Signature of Library Staff

Date