

**AMHERST PUBLIC LIBRARY
MEETING SPACE APPLICATION AND CONTRACT**

Name of Group: _____

Type of Meeting or Event: _____

Requested Date: _____ **Requested Time:** _____

Requested Meeting Room:

- | | |
|---|--|
| <input type="checkbox"/> Community Room A&B (Seats 125) | <input type="checkbox"/> DeLloyd Room (Seats 25) |
| <input type="checkbox"/> Community Room A (Seats 75) | <input type="checkbox"/> Valerie Jenkins Gerstenberger Local History Room (Seats 10) |
| <input type="checkbox"/> Community Room B (Seats 50) | |

Responsible Party Name: _____

Address: _____

Contact #: _____ **Expected Attendance:** _____

I have reviewed the Amherst Public Library Meeting Space Policy and Procedure and I agree to comply. I understand that failure to comply with the Amherst Public Library Meeting Space Policy and Procedure may result in the suspension of meeting space reservation privileges for myself or my group. I understand that I will be contacted by the Library within seven business days to confirm my reservation and that my request may not be able to be honored in full.

Responsible Party Signature : _____

Today's Date: _____

For Library use only:

Date and time received: _____ Staff Initials: _____

Once received, submit this form to the Public Relations department.