AMHERST PUBLIC LIBRARY MEETING SPACE APPLICATION AND CONTRACT

Type of Meeting or Event:	Name of Group:	
Type of Meeting or Event:		
Requested Date: Requ	uested Time:	
Requested Meeting Room:		
☐ Community Room A&B (Seats 100)	☐ Community Room A (Seats 40)	
	☐ Community Room B (Seats 40)	
esponsible Party Name:		
Address:		
Contact #: Exp	ected Attendance:	
have reviewed the Amherst Public Library Mee		
o comply. I understand that failure to comply volicy and Procedure may result in the suspensionsyself or my group. I understand that I will be considered.	vith the Amherst Public Library Meeting Spa on of meeting space reservation privileges f contacted by the Library within seven busine	
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Once received, submit this form to the Public Relations department.