

Application for Greenwood Meeting Room Use

**Levi Heywood Memorial Library
55 West Lynde Street, Gardner, MA 01440
Phone 978-632-5298
Fax 978-630-2864**

Name of Group: _____

Mailing Address: _____

Applicant is a: **Local 501(c)(3) nonprofit organization** _____
 Other _____

Description of meeting to be held: _____

Estimated number of attendees: _____

Contact Person: _____

Phone: _____

Email: _____

Date, time and duration of requested meeting: _____

**The Meeting Room is available only during the hours that the Library is open and must be vacated 15 minutes before the Library closes. Please ask for a handout of Library hours or view them on our website. (www.leviheywoodmemlib.org)*

Our group has received, read, and agreed to the conditions of the revised Greenwood Meeting Room Policy approved by the Board of Trustees on December 4, 2013:

Authorized signature: _____

Mail or fax completed application to the attention of the Library Director.

Applicant request is approved by: _____ **date** _____

Fee for reservation: _____