

Granby Free Public Library

297 East State Street Granby, MA 01033
413-467-3320

Application for Meeting Room Use

Reservation Date: __ / __ / ____ Time: (From) ____ am/pm (To) ____ am/pm

Name of Organization/Group: _____

Telephone: _____ Email: _____

Representative/Contact: _____

Mailing Address: _____

Room Space Available:

Edith Neftel Warren Local History Room _____ Seats 6

Conference Room _____ Seats 14

Number of People Using Room: _____

I have read the Meeting Room Use Policy and agree to abide by it. I also agree to be held responsible for any infractions and to assume all responsibilities indicated in the regulations.

Signature: _____

Name: (Please Print) _____

Address: _____

Telephone: _____

Approved By: _____ Date: _____