

Parsons Memorial Library Community Room Application

Applications will be reviewed by the Board of Trustees at their monthly meetings. The Board of Trustees have the right to reject an application for any reason and to apply a closed function fee of \$25.00. Please see the Parsons Memorial Library Community Room Policy for more information.

Date: _____ Name of Group: _____

Type of Function: _____

Event Date: _____ Event Time: _____

Dates event will meet if repeated: _____

Estimated Attendance: _____

Contact Person: _____ Phone: _____

Email: _____ Address: _____

I have read and understand the Parsons Memorial Library Community Room Policy. I agree to the terms outlined in the policy and will ensure that my group follows the policy.

Signature of
Representative: _____

Approved by: _____ Date Approved: _____

Function fee: ☐ Yes ☐ No