

**MEETING ROOM RESERVATION FORM**  
**Weymouth Public Libraries**  
**Fogg Branch Library**  
**1 Columbian Square**  
**South Weymouth, MA 02190**  
**Phone: 781-340-5002**

Date of Meeting: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_  
Meetings must be held during library hours of operation and rooms must be empty by 15 minutes before closing:  
Monday – Wednesday: 6 p.m. to 8:45 p.m.

Name of Organization/Group: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Representative/Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**MEETING ROOM SPACES AVAILABLE**

**Fogg 1 Room**

Seats a maximum 24 people with auditorium-style seating or 12 people at tables

Describe Desired Room Set Up: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

I have read the Meeting Room Use Policy and Fee Schedule. My group agrees to abide by said policy, and the undersigned agrees to be personally responsible for any infractions thereof and to assume all responsibilities indicated in the regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_