



Cranston Public Library

Meeting Room Request Form

Name of Organization: _____

Nature of Meeting: _____

Contact Information for Individual Filing Form and Accepting Responsibility for Group:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

I have read the Library's Meeting Room Policy and agree to comply with its regulations and to accept responsibility for any expenses.

Signature: _____ Date: _____

Responsible Host: *(Someone who will be in attendance and responsible, if different from above)*

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

FEES FOR ROOM USE

\$35.00 for 3 hours • \$35.00 for each extra hour/part of hour • Seminar Room is available at no charge for up to two hours
Payment is due one week prior to meeting room use. Please make checks payable to Cranston Public Library.

I am requesting use of the following space:

Central Library
140 Sockanosset Cross Rd, Cranston, RI 02920
401-943-9080

- Large Meeting Room (seating for approx. 100)
- Seminar Room (large table with chairs; seating for 12)

William Hall Library
1825 Broad St, Cranston, RI 02905
401-781-2450

- Auditorium (seating for approx. 150)
- Program Room (seating for approx. 50)

Date of Meeting: _____ Expected Attendance: _____

Meeting Start Time: _____ Meeting End Time: _____

Please Specify Room Set-Up *(Number of tables and chairs, arrangement [i.e., theater-style, horseshoe, etc.]*):

For equipment availability or to check on available dates, please call the selected library.

LIBRARY OFFICE USE

Approved _____ Not Approved _____ Fee \$ _____

Library Director/Branch Librarian Signature: _____