



# Morrill Memorial Library

33 Walpole Street  
P.O. Box 220  
Norwood, MA 02062  
781-769-0200  
Fax: 781-769-6083

## SIMONI AND TRUSTEES ROOM RESERVATION AND ROOM USE APPLICATION

Name of Group \_\_\_\_\_

Date of Application \_\_\_\_\_

Type of Meeting \_\_\_\_\_

Date of meeting \_\_\_\_\_

Time of meeting \_\_\_\_\_

Room set up: number of chairs, number of tables and arrangement.

Other available equipment requested.

(Kitchen supplies and utensils not provided.)

\_\_\_\_\_  
\_\_\_\_\_

Number of attendees expected \_\_\_\_\_

\*Groups larger than 20 people should park in the large lot behind the Congregational Church on Winter Street.

Person responsible \_\_\_\_\_

Address \_\_\_\_\_

Phone (required) \_\_\_\_\_

eMail (required) \_\_\_\_\_

Fax \_\_\_\_\_

I have read and I agree to comply with the library policy.

\_\_\_\_\_  
Signature