

Forbes Library Study Room Reservation Form

Forbes Library
20 West Street, Northampton, MA 01060
Phone 413-587-1013, Fax 413-587-1015

Reservation Date: _____

Time: From ____:____ AM/PM to ____:____AM/PM

Contact Person _____

Name of Group, if applicable: _____

Number of people: _____

Telephone _____ Email _____

Mailing Address _____

Is this event open to the public? Yes No

If so, please give a short description of the event. We will post this at www.forbeslibrary.org

Program start time: ____:____ AM/PM

Program end time: ____:____AM/PM

List any A.V. equipment needed: _____

Are you a non-profit organization? Yes No

If yes, name of organization: _____

Having read the Study Room Policy, I agree to abide by said policies and to be personally responsible for any infractions thereof and to assume all responsibilities indicated in the regulations.

Signature: _____

Name: (please print) _____

Address: _____ Phone: _____

Approved by: _____ Date: _____