



Wilmington Memorial  
Library  
175 Middlesex Avenue  
Wilmington, MA 01887  
[www.wilmlibrary.org](http://www.wilmlibrary.org)  
978-658-2967  
FAX 978-658-9699

**Application for Meeting Room Use**

Application Date: \_\_\_\_\_  
 Name of Organization \_\_\_\_\_ Non-Profit [  ] Yes [  ] No  
 Contact Person \_\_\_\_\_  
 Office in Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_

*I have read the Meeting Room Policy and agree to comply with all requirements.*

Signature of Representative: \_\_\_\_\_  
 Wilmington Resident? [  ] yes [  ] no  
 Date Requested: \_\_\_\_\_  
 Time room is to be used (include set up time and breakdown time) \_\_\_\_\_  
 Probable attendance: \_\_\_\_\_  
 Description of proposed meeting/program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please note that prior permission is required in order to use any AV equipment including the projection screen. Be advised library staff may not be available for troubleshooting.***

***~A group only has to fill out this form once in a 12 month period.***

***Once approved, groups should call the library to book additional meetings.~***

Please sign and return this application to:

Gloria Corcoran, Administrative Assistant  
 Wilmington Memorial Library  
 175 Middlesex Avenue  
 Wilmington, MA 01887

Phone: 978-658-2967, FAX 978-658-9699, email: gcorcoran@mvlc.org

**Please note that the room is not officially "booked" until the Administrative Assistant confirms your reservation.**

**OFFICE USE ONLY**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
 Small Room \_\_\_\_\_ Large Room \_\_\_\_\_