

**North Hampton Public Library
Meeting Room Booking**

This form is to be completed and signed by those wishing to use the library
Form should be dropped off at the library for Director's approval.

--PLEASE PRINT--

Organization _____

Date of Meeting _____ North Hampton Resident? _____

Contact Person _____

Phone _____ Email _____

Address _____

Start Time: _____ End Time: _____
.....

How many people do you expect to attend your event? _____

____ Program Room Seats 65 without tables (available after hours)

____ Small Meeting Room 4-6 people (available after hours)

____ Business Center 4-6 (available to book 4pm and after only)

____ Reading Room 6-8

____ NH Room 8-10

Non-Residents are subject to a deposit – see Meeting Room Policy

____ Kitchen facilities needed? (check if necessary)

____ Audio/Visual Needs? Please list. Must make an appointment to review the
Library's equipment prior to event.

**It is the responsibility of the meeting/event organizers to ensure that all tables,
chairs, and equipment are returned to their designated/original places.**

____ I have received and read a copy of the North Hampton Public Library meeting room
policy.

signed _____ date _____

approved _____ date _____

Approved by the Board of Trustees 10.25.2021