Hopkinton Town Library: Room Reservation Form

Date:____________________(this form must be updated annually)

Name of Group:__________________________________________________________

Contact Person: (must be a Hopkinton resident)____________________________

Address:________________________________________________________________

Phone:____________________Email Address:_______________________________

Room Requested: Bates Community Room______

                      Local History Room____ (Room Use must start when library is open)

Purpose of Meeting and numbers expected:_________________________________________

Requested Dates (with times including time needed for set up and clean up):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

I have read the Hopkinton Town Library’s Meeting Room Policy and understand the conditions under which it may be used and that failure to comply will result in cancellation of or refusal of future reservations.

Signature of Responsible Person and Date:_________________________________________

Library Director’s Signature and Date:_________________________________________
Checklist for Users of Hopkinton Town Library

Meeting Rooms

- Tables and chairs and any other items used are put away. (Note: one table and six chairs should always be left up in Community Room.)

- Kitchen is cleaned up and any food used has been removed.

- All doors and windows are locked including porch door and double doors in Community Room.

- If Allen Key was used to unlock front door, be sure that door is locked.

- If heat was activated, please deactivate

- If library is open, check out with staff and hand in signed checklist and keys if you have them.

- If library is not open, return keys and signed checklist in bag provided in book drop.

Signed:____________________________Date:________________

Print Signature:_____________________________________

Organization Name:____________________________________

How Many People Attended Your Event? _________________

Comments?

Staff Use Only:

Date Keys Picked up:_____ Key Number: _____Staff Member Initials:_____No Keys Needed:_____

Date Keys Returned:_____ Staff Member Initials:_______Condition of Room Checked: _____________