



MEMORIAL AND LIBRARY ASSOCIATION

WESTERLY LIBRARY AND WILCOX PARK

FACILITY USE APPLICATION FORM

Requested Space (circle one): Auditorium Terrace Room Roberts Room

Date of Use: _____ Starting Time: _____ Ending Time: _____

Name of Business or Group: _____

Address: _____ City: _____ State: _____

Contact Name: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

Description of Event: _____

Number of Guests/Participants: _____ Will Food be served? (circle one) Yes No

Type of Refreshments to be served: _____

Equipment requested: _____

Other: _____

_____ This application is for a Public Program Co-Sponsored by the Memorial and Library Association.

Base Fee: \$ _____ (3 Hours or Less)

Add'l Fees: \$ _____ (Hourly Rate 3-5 Hours), Cleaning Fee \$50 (if food served)

Deposit: \$ (_____) (Confirms reservation, along with a signed copy of this form)

Balance Due: \$ _____ (Balance is due in full and must be received 7 days prior to the event)

I have received and read a copy of the Facility Use Guidelines and agree to abide by them. I understand that I am financially responsible for loss or damage to Library/Park property.

Signature: _____ Date: _____

Please Sign and Return this form with Deposit to: The Westerly Library 44 Broad St. Westerly, RI02891

Make checks payable to: The Westerly Library.