



### Meeting Room Series Booking Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Room Requested: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Do the dates/times requested fall beyond the 3 month scope from the date of this submitted form? \_\_\_\_\_

Dates/Times Requested:

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Brief Description of Event Series:

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Is this event open to the public? \_\_\_\_\_

Is your organization affiliated with the Town of Tiverton: \_\_\_\_\_

Please email this completed form to the Library Director via [director@tivertonlibrary.org](mailto:director@tivertonlibrary.org) or return in-person to the Tiverton Public Library.