



Meeting Room Application Form

Please read the **Meeting Room Reservation Policy** prior to filling out this form. A printed copy must be mailed or brought in person to the Athenaeum, along with payment of all fees, if applicable, to: 6 Elm Street, Westfield, MA 01085. Attention: Candy Pennington, Executive Assistant. Checks should be made payable to “The Westfield Athenaeum.”

I hereby request permission of the use of one or more of the Athenaeum’s meeting rooms. The person signing this request has read the **Meeting Room Reservation Policy** and agrees to follow the policy in full.

Day and Date of the meeting _____

Meeting will begin at _____ and end at _____

Purpose of the meeting

Number of expected attendees _____

Representative / Contact _____

Telephone _____ Fax _____

Email _____

Meeting Room Request (Please check all that apply and note room capacity):

Florence Rand Lang Auditorium (125) Elizabeth Stewart Reed Room (60)

Jasper Rand Art Museum (75) Committee Room (35) Whitney Study (30)

Boys & Girls Library Activity Room (50)

Number of chairs needed _____ Number of tables needed _____

The room may be arranged according to your needs, however, please return the room to its original arrangement following the meeting.

Equipment Needed (Please check all the apply):

Multimedia Projector Projection Screen Portable Microphone
 Speakers TV with VCR DVD Player Easels / Number needed: ____
 Other (*Please describe*) _____

NOTE: A high-speed wireless Internet connection is available for your use in all of the public meeting rooms. The Athenaeum's **Internet Use Policy** is applicable in all cases.

Other Special Event Planning Needs:

Planning to have an outside caterer (Please consult with the Library Director)
 Planning to serve wine or beer (Proof of liquor liability insurance and a liquor license issued by the City of Westfield's License Commission must be provided in advance)
 Planning to use the meeting room(s) after normal operating hours (a fee of \$50 per hour will be charged in addition to the room rental fee, if applicable, in order to pay for extra custodial services after normal operating hours)
 Need additional electrical connections (Please describe): _____

 Special requests for parking (Please describe): _____

Signature of applicant _____

Name (Please print or type) _____

TO BE COMPLETED ON THE DAY OF THE MEETING:

Condition of Room(s)

I have walked through the meeting room(s) with an Athenaeum staff person and I agree to the condition of the room(s) listed above.

Signature of applicant

Name (Please print) _____

Signature of Athenaeum Staff

Date