



408 High Street ♦ Chestertown ♦ Maryland ♦ 21620 ♦ 410-778-3636 (phone) ♦ 410-778-6756 (fax)

Meeting Room Reservation Request

Date: _____

Name of Organization: _____

Date(s) of use requested: _____

Beginning and ending time(s) of meeting(s): _____

Nature / Purpose of Event: _____

Estimated Number of Participants: _____

Select one:

Conference Room (Max. 22 people) _____ in Chestertown Library Inc. Building @ 207 Calvert Street

Meeting Room (Max. 55 people) _____ in Main Library at 408 High Street.

As a representative of the above organization, I have read the regulations governing use of the meeting room and agree to abide by them. I understand that failure to do so will preclude future use of the meeting room. I understand that the meeting is exclusively for non-profit community-wide events open to the public and not for private parties or company functions. I also understand that all meetings must conclude prior to library closing time, with enough time for cleanup to be completed and all participants to be out of the building by the official closing time. Our hours are Monday 9-6, Tuesday 9-6, Wednesday 9-7:30, Thursday 9-6, Friday 9-5, and Saturday 9-3. We are closed on Sundays.

Name: (Please Print) _____

Address: _____

Email Address: _____

Daytime Phone Number: _____

Signature: _____ Date: _____

The fee for use of the meeting room is \$10.00 per scheduled event.

Staff Use Only:	
Fee Paid by:	_____
Received by:	_____
Total Fee Paid:	_____ Cash _____ Check _____