

**CANTON FREE LIBRARY
PAIGE ROOM
INFORMATION SHEET**

DATE OF REQUEST

RECEIVED BY

I have read the regulations for using the Paige Room, and I will take the responsibility for the group that I represent to see that the regulations are followed.

NAME:

TELEPHONE NUMBER:

MAILING ADDRESS:

EMAIL ADDRESS:

GROUP REQUESTING USE OF PAIGE ROOM:

NUMBER OF PEOPLE IN GROUP:

PURPOSE OF MEETING:

DATE REQUESTED:

TIME REQUESTED:

LIBRARY STAFF USE ONLY

TIME OF ARRIVAL:

TIME OF DEPARTURE:

DATE OF APPROVAL/DENIAL:

SIGNATURE OF LIBRARY STAFF PERSON:

DEPOSIT RECEIVED:

KEY(S) RETURNED:

YES

NO

COMMENTS: