

Program Room Registration Form

Exeter Public Library (RI)

Please fill out a new registration form if your group does not have one on file or if any information has changed. Return completed forms to our front desk, or by email to info@exeterpubliclibrary.org. THANK YOU.

Name of the group or organization _____

Purpose of the group or organization _____

PRIMARY CONTACT

Name _____

Role or title _____

Address _____

Email address _____ Phone number _____

SECONDARY CONTACT (OPTIONAL)

Name _____

Role or title _____

Address _____

Email address _____ Phone number _____

By signing this form, I attest that I have read and understood Exeter Public Library's Program Room Policy in full and agree to abide by all its stipulations.

Signature: _____

Date: _____