

SCOVILLE MEMORIAL LIBRARY ASSOCIATION
38 Main Street, Salisbury, CT 06068
860-435-2838

Meeting Room Use Application

Wardell_____ Blue_____ Oak_____ Outside_____

Name of organization/individual _____

Address: _____

Phone: _____

Name of Contact: _____

Contact Phone: _____

Do you wish to meet: only once or twice _____ on a regular basis _____

Date(s) of meeting: _____

Times(s) of meeting: _____

Estimated Attendance: _____

Program Description: _____

Planning to use A/V equipment? Yes_____ No_____

If using the Library's A/V equipment the Applicant must be trained in advance.

Wardell Room set up fee: \$25.

For other rooms, Applicant is responsible for setting up room and ensuring that all lights are off; thermostat is returned to automatic program; and chairs/tables are left as before use of room.

The Library will notify the Contact named above whether the meeting room and date(s) requested are available.

Agreement:

I have received a copy of the Scoville Memorial Library's Meeting Room Policy and understand that once this Agreement is signed it signifies that my organization agrees to abide by the conditions specified therein.

Signature

Date

FOR LIBRARY USE ONLY

Received by Library: _____

Rejected _____

Approved _____

Notified _____