

# Tolland Public Library Room Use Application

Date room needed: \_\_\_\_\_

Date of application: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Purpose of organization: \_\_\_\_\_

Officer or contact person (who will be responsible for abiding by the regulations listed in the Program Room Policy)

\_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Briefly describe subject of meeting: \_\_\_\_\_

Anticipated attendance: \_\_\_\_\_

Hours room will be needed: From \_\_\_\_\_ To \_\_\_\_\_

The room must be cleared and clean 10 minutes before closing time. Monday thru Thursday by 7:50 Friday/Saturday by 4:50

Will refreshments be served? If yes what type? \_\_\_\_\_

Food/drink is subject to approval.

Technology needs (Projector, lectern, HDMI and VGA connectors, Blu-Ray player) \_\_\_\_\_

\_\_\_\_\_ over, please

Signature of authorized officer: \_\_\_\_\_

Approved by \_\_\_\_\_ for the Tolland Public Library

Date: \_\_\_\_\_

Please complete this application and return to the Library. It must be signed and returned to the library before the room can be booked.