

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.