

**MEETING ROOMS APPLICATION**

Avon Free Public Library  
281 Country Club Road  
Avon, CT 06001  
860-673-9712 ph  
860-675-6364 fx

Date of Application \_\_\_\_\_

Check room requested: Community Room \_\_\_\_ History Room \_\_\_\_ Craft Room \_\_\_\_

Date(s) room needed: \_\_\_\_\_

Hours room will be in use: From \_\_\_\_\_ To \_\_\_\_\_

For use during NON-LIBRARY HOURS, a key may be required. Arrangements must be made with library staff in advance for key pick-up. Library hours are M,T,Th 10-8:30, W 10-6, F & Sat. 10-5. Make sure library doors are securely locked when leaving. **Please call to cancel or reschedule your event so we may offer the room to others.**

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

President/Chair: \_\_\_\_\_ Phone No. \_\_\_\_\_ work \_\_\_\_\_ home

Address: \_\_\_\_\_

Authorized representative making application: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Phone No.: \_\_\_\_\_ work \_\_\_\_\_ home

**Program or subject of meeting (describe briefly):** \_\_\_\_\_

Community Room Kitchen will \_\_\_\_ will not \_\_\_\_ be needed. Anticipated attendance: \_\_\_\_\_

Equipment available for use: Tables, chairs, podium, chalkboard, piano. **Piano donation: \$100 due with application for room.**

Audiovisual equipment (slide projector, videocassette player, overhead projector, tape player) must be booked separately and in advance with library staff. Groups using videocassettes must secure all necessary performance rights or agree to indemnify the Library for any failure on their part to do so. For information, call 673-9712.

**PLEASE NOTE: ORGANIZATIONS USING THE COMMUNITY ROOM ARE RESPONSIBLE FOR SETTING UP AND TAKING DOWN CHAIRS, TABLES, AND EQUIPMENT USED DURING THEIR MEETING. ORGANIZATIONS ARE ALSO RESPONSIBLE FOR SEEING THAT ALL AREAS USED ARE LEFT IN A NEAT, CLEAN CONDITION. ALCOHOLIC BEVERAGES ARE NOT ALLOWED.**

When signed by an authorized representative, this application signifies agreement of the organization to abide by the attached policies and regulations governing the use of the Library's meeting rooms.

**Signature of authorized representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*For Library use only:*

Approved: Yes \_\_\_\_ No \_\_\_\_ Piano fee paid: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_