

Meeting Room Request Form

Rutland Free Public Library

Contact Information

Organization Name:	
Organization Contact Name:	Phone:
Organization Contact Email:	
Mailing Address:	

Meeting/Event Information

Date of Meeting/Event:		
Time of Meeting/Event:	From:	To:
Meeting Room Requested (Select):	<input type="checkbox"/> Blair Room (90-person max)	<input type="checkbox"/> Calkins Room (20-person max)
Number of people expected:		
Offering Refreshments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Meeting/Event Purpose:		

By signing this application, I acknowledge that I have read the Library's Meeting Room Policy and agree on behalf of my organization to comply with all Library Rules and that failure to adhere to the Library's Meeting Room policies may result in a loss of future ability to use the Meeting Rooms.

Signature of Applicant: _____

For Library Use Only:

Staff Person Taking Application: _____

Date Received: _____

Approved by: _____

Date of Approval: _____