

# ***Wolcott Public Library***

*469 Bound Line Road*

*Wolcott, Connecticut 06716*

*Telephone: (203) 879-8110 - Fax: (203) 879-8109*

## **MEETING ROOM – PLEASE READ BEFORE SIGNING**

The Chairperson of the group using the meeting room is responsible for:

1. Leaving the facilities in proper order and chairs and tables in order found.
2. Instructing members to park in rear parking lot off Minor Road.
3. In accordance with the Wolcott Fire Marshall, occupancy capacity for the Rotunda room is 35 and 60 for the Mural room.

If regular meetings are cancelled and/or terminated prior to the date given, the applicant is to notify the Library at 879-8110 of the cancellation and/or termination.

If audiovisual equipment is required, a request should be made at the time the application is filled out, and arrangements made for a qualified operator.

### **APPLICATION FOR THE USE OF THE MEETING ROOM**

Contact name/Person responsible: \_\_\_\_\_ Date of application: \_\_\_\_\_

Contact phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of organization, group, or individual who will be using the grounds:  
\_\_\_\_\_

Purpose of meeting: \_\_\_\_\_  
\_\_\_\_\_

Date of meeting \_\_\_\_\_ Time \_\_\_\_\_ To \_\_\_\_\_ Hour

Number of expected Attendees: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(By Library Director or Library Board as appropriate)

I have received and read a copy of the Wolcott Public Library Meeting Room Policy and the above guidelines and agree to abide by them.

\_\_\_\_\_  
Signature of person completing the application

\_\_\_\_\_  
Print name

Function: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_