G. Meeting Room Application

Douglas Library of Hebron
22 Main Street
Hebron, CT 06248

Application For Use of Community Room

Name of Organization: ________________________________

Contact Person: ____________________________________

Contact’s Address: __________________________________

Contact’s Phone Number: ____________________________

Contact’s Email (optional): __________________________

Permission is requested to use the following facility:

______ Community Room (up to 200 persons)

______ Board Room (up to 15 persons)

______ Kitchen

Requested Date of Use: _____________________________

Hours: From______ To: ______

Will refreshments be served: Yes: _____ No: ______

If yes, what type: _________________________________

In signing this application, we hereby agree to the rules and regulations of the Douglas Library of Hebron governing the use of the meeting rooms, to take the utmost care of library property and to make good any damage or loss of library property arising from our occupancy of any portion of the building.

Contact’s Signature: _______________________________

Date: __________________________

Approved by: _________________________________

Date: __________________________

Fee: ____________ Received By: ______________________