

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: _____