

LYME PUBLIC LIBRARY, 482 HAMBURG ROAD, LYME, CT 06371



APPLICATION FOR USE OF LIBRARY MEETING ROOMS

Name of your organization _____

Title of your meeting or program, including speakers, films, etc. _____

Will this meeting be open to the general public? Circle one: Yes No

Will an admission fee be charged? Circle one: Yes No

Will refreshments be served? Circle one: Yes No

If yes, what kind of refreshments? _____

Kitchen Facilities Needed? Circle One Yes No

Date of your meeting or program: Day of Week: _____ Date: _____

Hours room will be needed (including set-up and clean-up time) _____

Time program begins: _____ Number of people expected: _____ (Max. 70)

Equipment needed: chairs (max. 70)____, tables (max. 8)_____

LCD Projector_____ Laptop_____ Podium_____ TV_____

Slide Projector_____ DVD_____ Microphone_____ Drop Screen_____

Please note: If you wish to use the audio/visual projection system, you must have the library staff instruct you before your event.

Person responsible for program _____

Address _____

City, State, Zip Code _____

Telephone_____ Fax_____ Email_____

The person signing this form is to be in attendance at the event and is responsible for the observance of the Lyme Public Library "Meeting Room Policy Statement." No date shall be considered confirmed until the library returns a copy with an authorized signature approving the meeting.

Your signature

Library Director's signature

Date

Date