

MEETING ROOM Request Form

Hartland Public Library
P.O. Box 137
Hartland, VT 05048

Please call 802-436-2473 to check eligibility and availability before mailing this form.
If you wish to schedule a monthly recurring meeting, you must call the librarian each month to verify the following month's availability.

Name of organization: _____

Title of program: _____

Date(s) requested _____ Hours from _____ to _____

Expected attendance (occupancy limit of the meeting room is 50) _____

Equipment needs ___ Folding tables ___1___2___3 ___ Easel *See Meeting Room Equipment form for AV equipment.
_____ Chairs

I, the undersigned have read the policy and regulations governing the meeting room and accept the responsibilities stated therein.

Applicant's signature: _____ Date: _____

Applicant's name (please print) _____

Address: _____

Phone: Day _____ Evening _____

Public use of the Meeting Room

- All events must be free and open to the public.
- No alcohol or smoking is permitted in the building.
- Non-library groups are not permitted to do fundraising or to charge admission for events.
- Space is not available for social or commercial purposes. If a commercial concern offers free informational programs, they may not contain inducements to buy.
- Groups are responsible for setting up the room in advance of the meeting. The following equipment is available: folding tables, 50 chairs, projection screen and easel.
- Groups are responsible for cleaning, including stacking chairs, vacuuming and trash disposal. The applicant is responsible for any damage done to the library facilities or equipment.
- If use of the Meeting Room takes place during a time when the library is closed, arrangements must be made in advance for a key. There is a \$10.00 deposit for the key.
- Public events in the meeting room must abide by U.S. copyright law and regulations. The library is not responsible for any copyright violations by non-library groups.
- A donation for meeting room usage is always appreciated.

To be completed by Library Director or Assistant Director

Date of use confirmed and scheduled by: _____ Date: _____