

Burlington Public Library
Meeting Room Application

Date of application: _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE LIBRARY AT LEAST THREE DAYS PRIOR TO THE DATE YOU WOULD LIKE TO RESERVE THE MEETING ROOM.

ROOM TO BE USED: _____

DATE(S) REQUESTED: _____

SNOW DATES (if applicable): _____

TIME: _____ TO: _____

Availability:

**Rooms
Available**

Meeting Rooms	Kitchen Facilities	Capacity	Burlington Non-Profit or Civic Groups	For-Profit or Non-Burlington groups (Charging participants is prohibited)	Availability
*Anne Walluk Community Room	Yes	100	No Charge	\$160 for 8 hours; \$80 for 4 hours; \$25 Hour	Reserve up to 90 days; One reservation per month
*Conference Room	No	10 or 12	No Charge	\$10 hour	Reserve up to 90 days; One reservation per month
Children's & Teen Program Room	No	25	No charge	Not Available	Reserve up to 90 days; One reservation per month

*May be available for use when the library is not open.

NAME OF ORGANIZATION: _____

NAME OF PERSON RESPONSIBLE: _____

Telephone #: _____ Email: _____

Please note that the town may not be snow plowing during non-library hours.

Non-profit? Staff may ask that a 501(C) (3) form be presented.

Yes _____ No _____ Fee \$_____ to be paid three days before event.

ESTIMATED ATTENDANCE _____ SPEAKER _____

PROGRAM (briefly describe) _____

WILL YOU BE SERVING REFRESHMENTS? Yes _____ No _____
Alcohol Beverages _____(See Town Ordinance adopted on 6/20/2017)

PERSON IN CHARGE OF REFRESHMENTS: _____ Telephone #: _____

EQUIPMENT AVAILABLE: (check items you would like to use, specifying number of chairs/tables)
TABLES _____ CHAIRS _____ LECTERN _____ EASEL _____ DVD Player * _____
LCD PROJECTOR * _____ PROJECTION SCREEN * _____
* Staff will set up or train responsible person on this equipment.

Mandatory fees are not required for a Burlington non-profit organization to use the community/conference rooms. However, because the library budget is limited, we are suggesting you or your organization make a monetary donation to our materials fund. We thank you for your community spirit.

PLEASE MAKE OUT CHECKS TO THE BURLINGTON PUBLIC LIBRARY.
____ Our organization (I) will make a \$20.00 donation for a children's title.
____ Our organization (I) will make a \$30.00 donation for an adult title.
____ Our organization (I) will make a \$50.00 donation towards an audio book.
____ Other amount \$ _____

Signature of person in charge of the program: _____

Signature of person in charge of refreshments: _____

Please initial that you have received and read the Meeting Room Policy: _____

LIBRARY USE ONLY: STAFF'S INITIALS _____

DATE PUT ON THE "BIG" CALENDAR ____/____/____

DATE OF DONATION OR FEE REC'D AMOUNT \$_____/____/____/

APPLICATION APPROVED ____/____/____

LIBRARY DIRECTOR'S SIGNATURE: _____