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:

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

*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)

<table>
<thead>
<tr>
<th>TABLES</th>
<th>CHAIRS</th>
<th>LECTERN</th>
<th>EASEL</th>
<th>DVD Player</th>
<th>LCD PROJECTOR</th>
<th>PROJECTION SCREEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_____</td>
<td>_________</td>
<td>_____</td>
<td>_______</td>
</tr>
</tbody>
</table>

* 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:______________________________________________

Updated 12/2018; 3/2019

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