

# Bolton Public Library Program Room Reservation Form

*Complete one form for each time and day requested. Reservations are made on the half hour and must include your setup and cleanup times. Please read and understand the Bolton Public Library Program Room Policy before completing this form!*

Date you wish to use the program room: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m. (circle one) until \_\_\_\_\_ a.m./p.m. (circle one)

Description of program/meeting: \_\_\_\_\_  
\_\_\_\_\_

Estimated attendance: (max. 65) \_\_\_\_\_

Will this meeting be free of charge and open to the public? YES NO (circle one)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Do you plan to serve refreshments? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Request for use of library equipment: Yes/No (circle one)

Type of equipment? \_\_\_\_\_

Request for instruction on use of equipment *before the event*? Yes/No (circle one)

If you are charging a fee, provide amount and purpose: \_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_

Organization name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address \_\_\_\_\_

**I accept the Bolton Public Library Program Room Policy in full and will comply with all requirements. I will see that the room, furnishings, materials, and equipment are respected as Town property, and I will be responsible for any damages incurred either deliberately or accidentally by those in attendance. I understand that failure to return the space in the condition in which it was provided may result in a payment of \$50 and/or repairs or custodial services as necessary.**

Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY!

Application received by: \_\_\_\_\_

Date and time received: \_\_\_\_\_

Director action: Approved/Denied (circle)

Applicant notified: \_\_\_\_\_