

**EASTON PUBLIC LIBRARY**  
**691 MOREHOUSE ROAD/P.O. BOX 2, EASTON, CT 06612**  
**203-261-0134; FAX 203-261-0708**  
[www.eastonlibrary.org](http://www.eastonlibrary.org)

**APPLICATION FOR USE OF LIBRARY CONFERENCE ROOM**

The Library Conference Room seats a maximum of 25 people. The fee is \$75 plus a refundable \$25 deposit.

DATE/TIME ROOM REQUESTED \_\_\_\_\_

ADULT REPRESENTATIVE RESPONSIBLE FOR MEETING/PROGRAM/ACTIVITY:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

SPONSORING ORGANIZATION (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

PURPOSE OF MEETING/PROGRAM/ACTIVITY \_\_\_\_\_

EXPECTED ATTENDANCE \_\_\_\_\_

WILL ALCOHOL BE SERVED? \_\_\_\_\_

(SELLING OF ALCOHOL IS PROHIBITED).

EQUIPMENT NEEDED:

SCREEN \_\_\_\_\_ PROJECTOR \_\_\_\_\_ LAPTOP \_\_\_\_\_ OTHER \_\_\_\_\_

Set up and clean up of room is renter's responsibility. Room should be left as found unless otherwise instructed.

PAYMENT TOTAL \_\_\_\_\_ CASH, CHECK, OR CREDIT CARD (circle one)

CHECK # \_\_\_\_\_ DATE \_\_\_\_\_

In making this application, I/We hereby agree to comply strictly with the *GUIDELINES FOR THE USE OF LIBRARY MEETING ROOMS*; to take utmost care in the use of Library property; to make good any damage to or loss of Library property arising from my/our occupancy of any portion of the Library and to not interfere with the day to day operations of the Library. Note: An organization or individual may be denied further use of the facilities if it is misused in any way or if these guidelines are violated.

I/We have read the guidelines and agree to abide by them. Also, I agree that I will not hold liable either the Town of Easton or the Easton Public Library, including its elected and appointed officials and employees, to any and all loss or damage to my personal belongings while using the Library Conference Room.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The Library Board of Trustees reserves the right to cancel this reservation at any time.