

Simsbury Public Library Program & Meeting Room Use Application Phone: 860-658-7663 Fax: 860-658-6732 simsburylibrary.info

Please Print Clearly

Today's Date		
Date Requested	Time Requested From	То
Event Start Time Event End Time _		
Room Requested	Anticipated Attendance	·
Description of Meeting/Event		
Name of Organization		
Name of Person Applying		
Address		
Email	Home Phone	
Work Phone C	ell Phone	
Person in Charge of Meeting/Event (if different	t from above)	
Email	Home Phone	
Work Phone(Cell Phone	
Will you need kitchen access? Yes	No	
Will refreshments be served? Yes	No	
Equipment Requested		
Laptop DVD Player	Podium Ea	sel
LCD Projector Wireless Microphon	e Telephone Sm	nartboard/Whiteboard

Room Set Up # of Chairs	# of T	Tables	
Requested Set Up of Room (Please	e indicate placement	of tables and chairs)	
		Policy, accept all terms and cor that my reservation is not confir	
Applicant's Signature		Date	
Make chec	k payable to: Simsb	ury Public Library	
Library Use	••••••	••••••••	•••••
Received by		Date	
Approved Yes			
Fee Amount	Fee Paid	Received by	