

**Town of Colchester
Cragin Memorial Library**

**Phone: 860-537-5752 ~ Fax: 860-537-4559 ~ Email: library@colchesterct.gov
Service Hours: Monday-Thursday 10 am to 9 pm ~ Friday-Saturday 10 am to 4 pm**

Meeting Room Application

Please complete and return application in person, by fax or e-mail. Your submitted application is not a reservation until you receive verification from the Library. We will try to accommodate your specific room request but it may change due to unforeseen circumstances. Please read the Meeting Room Policy and remember to take any garbage and/or paper goods with you at the end of your program.

Today's date: _____

Date room needed: _____

Time room needed: From: _____ To: _____

Specific room desired: _____

Anticipated attendance: _____

Name of organization: _____

Address of organization: _____

Phone: _____ Fax: _____ Email: _____

Purpose of organization: _____

Officer or contact person: _____

Program or subject of meeting: _____

Special requests: _____

Desired set up of room: _____

Will refreshments be served?: _____

If yes, please specify: _____

Signature of authorized officer or representative: _____

When signed by an authorized officer or representative, this application signifies agreement to abide by the regulations in the Cragin Memorial Library meeting room policy. ***Meetings held at the Cragin Memorial Library are open to all. All contact information is available to the public.***

Approved by: _____ for the Cragin Memorial Library

Date: _____