

**Town of Colchester**  
**Cragin Memorial Library**

**Phone: 860-537-5752 ~ Fax: 860-537-4559**

**Email: librarymeetingrooms@colchesterct.gov**

**Hours: Mon, Wed, & Thu 10 am to 8 pm ~ Tue 10 am to 5 pm ~ Fri & Sat 10 am to 4 pm**

**Meeting Room Application**

Complete and return application in person, by fax, or e-mail. Your submitted application is not a reservation until you receive confirmation from the Library's meeting room coordinator. Generally, specific room requests will be honored but may be changed in order to accommodate as many groups as possible. Please read the Meeting Room Policy and remember to take any garbage and/or paper goods with you at the end of your program. Please return tables and chairs to their original setup before leaving.

**Date of Request:** \_\_\_\_\_

**Date(s) room needed:** \_\_\_\_\_

**Time room needed:** From: \_\_\_\_\_ To: \_\_\_\_\_ Number Attending: \_\_\_\_\_

**Specific room desired:**  Norton (80 seats)       Norton A (60 seats)       Norton B (24 seats)  
 Zagray Room (12 seats)       Conference C (6 seats)       Quiet Study (6 seats)

**Name of organization:** \_\_\_\_\_

**Address of organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_

**Equipment Requested** (please circle):

\_\_\_\_ 6-ft Tables      \_\_\_\_ Chairs      Podium      Whiteboard/Blackboard      Portable Movie Screen

**Norton A only:**      LCD Projector (No Macs)      DVD/CD Player

**Room Set-Up Requested:** \_\_\_\_\_

(Room set up is limited by staff availability and is not guaranteed. Please arrive 15 minutes in advance to ensure proper room set-up.)

Will refreshments be served? \_\_\_\_\_ If yes, what type: \_\_\_\_\_

(Service of a meal requires a refundable \$75 advance deposit which will be returned when Library staff verifies the cleanliness of the facility. Failure to provide the deposit may result in loss of meeting room use.)

**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 Cragin Memorial Library      Date: \_\_\_\_\_