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)
	agray 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 (ple ☐ 6-ft Tables-Number?		☐ Portable Movie Screen ☐	Portable LCD projector
		o Macs) □ DVD/CD	
Room Set-Up Requested: (Room set up is limited by staff a set-up.)	vailability and is not guaran	teed. Please arrive 15 minutes in ac	dvance to ensure proper room
Will refreshments be served (Service of a meal requires a refu of the facility. Failure to provide	ndable \$75 advance deposit	which will be returned when Libra	ry staff verifies the cleanliness
When signed by an authorize the regulations in the Cragin	ted officer or representa n Memorial Library me	e: attive, this application signifies the policy. Meetings has been been available to the p	s agreement to abide by held at the Cragin
Approved by:	for	Cragin Memorial Library	Date: