Town of Colchester Cragin Memorial Library

Phone: 860-537-5752

Email: aturner@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 or by e-mail to **Alexis Turner** (**Circulation Supervisor**). 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. Repeated cancellations or unused reservations will result in denial of meeting room use. Meeting room set up is the responsibility of the group using the room and organizers are responsible for setting up tables and chairs to suit the needs of the meeting.

Date of request:			
Date(s) room needed:			
Time room needed: From:	To:	Number Attending:	
Specific room desired:	Norton A (60 seats)	Norton B (24 seats)	☐ Norton A & B
	Zagray Room (12 seats)	Local History (2 seats)	Conf. C (6 seats)
Name of organization:			
Address of organization: _			
Phone:	Fax:	Email:	
Contact Name:			
Purpose of Meeting:			
Equipment Requested (Hov	w many tables or chairs/will y	ou need listed equipment?):	
6-ft TablesChairs	PodiumWhiteboard	dPortable Screen with I	IDMI Hookups
Norton A only: Projec	torDVD/CD Player		
Will refreshments be serve	d? (please circle): Y / N		
If yes, please specify:			
When signed by an authorize regulations in the Cragin Me	icer or representative:d officer or representative, the morial Library meeting room contact information is availated.	is application signifies agree policy. <i>Meetings held at the</i>	ment to abide by the
Approved by:	for Cragin Memorial Library Date:		