

**Plumb Memorial Public Library: Meeting Room Application**

Phone: 203-924-1580

Fax: 203-924-8422

Use of our meeting room is available to *nonprofit organizations*, headquartered in Shelton, and/or serving the Shelton community. **If a meeting is held after library hours, a valid credit card number will be taken for the person responsible for the meeting in case any damage occurs.**

Please Read the Meeting Room Use POLICY, and 1) complete by printing, not handwriting, this Application and 2) the illustrate the furniture set-up on the attached Room Layout form.

RESERVATION IS NOT VALID UNTIL CONFIRMATION BY PLUMB LIBRARY THROUGH EMAIL. SUBMISSION OF APPLICATION ALONE DOES NOT CONSTITUTE ACCEPTANCE OF REQUEST FOR MEETING ROOM USE ON THE TIME AND DATE INDICATED.

Unless you have arranged for an after-hours program, all patrons must be ready to end their meeting 15 minutes prior to the library's closing. If it is an "after hours" program, the leader is responsible for the closing of the room. If the leader needs to leave prior to the end of the meeting, the meeting needs to end.

Date of Event \_\_\_\_\_ Open to the Public? \_\_\_\_\_ Day of Week \_\_\_\_\_

Meeting Times: Set up: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone (cell phone preferred\*) \_\_\_\_\_ and email \_\_\_\_\_  
[\*in the event of an unscheduled closing of the building]FOR CONFIRMATION]

Notes: \_\_\_\_\_

\*\*\*\*\*

**PLEASE CHECK EQUIPMENT NEEDED PERTAINING TO YOUR MEETING:**

Overhead Projector \_\_\_\_\_ Screen \_\_\_\_\_ Microphone \_\_\_\_\_ Podium \_\_\_\_\_

Will Bring Own Equipment \_\_\_\_\_

**Presenting craft programs or serving refreshments requires table coverings supplied by the Event Programmer.**

I have read and agree to abide by the Meeting Room Policy and Regulations:

\_\_\_\_\_  
Authorized Representative: Signature

\_\_\_\_\_  
**Credit Card Information**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date