

KILLINGLY PUBLIC LIBRARY COMMUNITY ROOM APPLICATION

Date(s) Room Needed: _____ Date of Application: _____

Please complete this application and return it to the Circulation Desk, Killingly Public Library, 25 Westcott Rd., Killingly, CT 06239 Phone: 860-779-5383. Fax: 860-779-1823

Community room is available free of charge for non-profit organizations during hours that the library is staffed. These hours are: Mon., 9:30-5:30, Tues., Wed., Thurs., 9:30-7:00, Fri., 9:30-5:30 and Sat., 9:30-2:30. For use before and after these hours, a fee of \$25.00 will be charged.

Please use lower parking lot nearest to Main St.; Number of cars is limited.

NAME OF ORGANIZATION: _____

PURPOSE OF ORGANIZATION: _____

OFFICER OR CONTACT PERSON: _____

Email: _____

MAILING ADDRESS: _____

PHONE (home): _____ (work): _____ (fax): _____

PROGRAM OR SUBJECT OF MEETING (describe briefly): _____

ANTICIPATED ATTENDANCE: _____

HOURS ROOM WILL BE NEEDED: from _____ to _____

TIME MEETING OR PROGRAM WILL BEGIN: _____

WILL THE MEETING BE OPEN TO THE PUBLIC? YES NO

*If yes, who could be contacted for information? (Name and number given to public.)

CONTACT PERSON: _____ PHONE: _____

WILL YOU REQUIRE USE OF THE KITCHEN? YES NO

WILL REFRESHMENTS BE SERVED? YES NO

When signed by authorized officer, this application signifies agreement to abide the regulations on the attached policy statement.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

APPROVED FOR THE KILLINGLY PUBLIC LIBRARY:

DATE: _____ BY: _____