



Wallingford Public Library Reservation Form for Meeting Rooms

Proposed Day/Date of Program _____ Start Time _____ End Time _____

Room Requested:

_____ Community Room (150 maximum)

_____ Charlotte Collins Meeting Room (50 maximum)

_____ Board Room (20 maximum)

Name of Organization _____

Address _____ City/State _____ Zip _____

Purpose/Function of Organization _____

Title of Program _____

Speaker Name _____

Name of Individual Requesting Reservation _____

Phone _____ Email _____

Equipment and Room Set-up:

The Library is NOT responsible for room set-up and take-down. The Meeting Room must be returned to its original state upon conclusion of the meeting.

Please indicate quantities and resources needed:

_____ Tables _____ Chairs

Lectern and Microphone Drop Screen Projector Kitchen (*Community Room ONLY*)

I have read and agree to the Wallingford Public Library's "Policy on Use of Meeting Rooms."

Signature _____ Date _____

Please e-mail completed application to lfarrell@wallingfordlibrary.org or print and send by mail to Wallingford Public Library, 200 North Main Street, Wallingford, CT 06492.

LIBRARY USE ONLY	
Approved by _____	
Signature _____	Date _____