

SILAS BRONSON LIBRARY
WATERBURY, CONNECTICUT

Date _____

LIBRARY/CITY USE OF LIBRARY MEETING ROOM

Name of Organization/Department _____

Person in charge _____

Contact _____ Tel.# _____

Business address/Department _____ Tel. # _____

Date of meeting _____ Time _____ a.m./p.m. _____ a.m./p.m.
Day of week, date start end

Anticipated size of group _____ Purpose of meeting _____

Program topic _____ Speaker _____

Library equipment desired _____ (training may be necessary-please check)

Special needs/Setup _____

Signature of person filing application (responsible for all conditions of use) _____ Tel# _____

IF A GROUP OR ORGANIZATION CANCELS A SCHEDULED MEETING, EITHER TENTATIVE OR CONFIRMED, THE LIBRARY MUST BE INFORMED AS SOON AS POSSIBLE SO THE MEETING ROOM MAY BE MADE AVAILABLE TO ANOTHER GROUP OR ORGANIZATION.

Please mail to Meeting Room Schedule Assistant, Silas Bronson Library, 267 Grand St., Waterbury, CT 06702, 574-8222. This application form must be received and approved by the Library at least 48 hours in advance of the requested meeting date. Confirmation will be mailed to you.

For library use only

<u>CONFIRMATION</u>	
Auditorium (65 people max.) _____	
Bunker Hill (Library sponsored only) _____	
Meeting Room A - on mezzanine (10 people max.) _____	
Meeting Room B - Board Room (20 people max.) _____	
Main Reading Room (150 people max.) _____	
Patio (Library sponsored only) _____	
CSD (Library sponsored only) _____	

Date of use _____	Time _____
Your request for use of Library meeting room has been:	
Approved _____	Not Approved _____
_____	_____
Library Director _____	Date _____

Date mailed _____

Group Name _____

Contact Person _____

Phone # _____

Date/Time/Place _____

Special Needs _____

Entered Meeting Room Schedule: _____

Notified: Program Planner: _____

Building Services: _____

Account Clerk: _____

Sponsored by: _____

Cost: _____ Budget Line: _____

Pay to: _____