

Burlington Public Library Meeting Room Application

Date of application: _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE LIBRARY AT LEAST THREE DAYS PRIOR TO THE DATE YOU WOULD LIKE TO RESERVE THE MEETING ROOM.

DATE(S) REQUESTED: _____

SNOW DATES (if applicable): _____

TIME: _____ TO: _____

Availability:

Rooms Available

Meeting Rooms	Kitchen Facilities	Capacity	Burlington Non-Profit or Civic Groups	Burlington For-Profit or Non-Burlington groups	Availability
*Anne Walluk Community Room	Yes	100	No Charge	\$160 for 8 hours; \$80 for 4 hours; \$25 Hour	Reserve Up to 90 days; monthly only
*Conference Room	Yes	10 or 12	No Charge	\$10 hour	Reserve Up to 90 days; monthly only
Study Rooms #1	NO	1 or 2	No Charge	No Charge	First Come First Served
Study Rooms #2	NO	1 or 2	No Charge	No Charge	First Come First Served
Children's & Teen Program Room	No	25	No charge	No Charge	Reserve Up to 90 days; monthly only

*May be available for use when the library is not open.

ROOM TO BE USED: _____

NAME OF ORGANIZATION: _____

NAME OF PERSON RESPONSIBLE: _____ Telephone #: _____

Please note that the town may not be snow plowing during non-library hours.

Non-profit? Staff may ask that a 501(C)3 form be presented.

Yes _____ No _____ Fee \$_____ to be paid three days before event.

ESTIMATED ATTENDANCE _____ SPEAKER _____

PROGRAM (briefly describe) _____

WILL YOU BE SERVING REFRESHMENTS? Yes_____ No_____
Alcohol Beverages _____(See Town Ordinance adopted on 6/20/2017)

PERSON IN CHARGE OF REFRESHMENTS: _____ Telephone #: _____

EQUIPMENT AVAILABLE: (check items you would like to use, specifying number of chairs/tables)

TABLES_____ CHAIRS_____ LECTERN_____ EASEL_____ DVD Player * _____

LCD PROJECTOR *_____ PROJECTION SCREEN *_____

* Staff will set up or train responsible person on this equipment.

Mandatory fees are not required at this time for a Burlington non-profit organization to use the community/conference rooms. However, because the library budget is limited, we are urging you or your organization to make a monetary donation to our materials fund. We thank you for your community spirit.

PLEASE MAKE OUT CHECKS TO THE BURLINGTON PUBLIC LIBRARY.

___ Our organization (I) will make a \$20.00 donation for a children's title.

___ Our organization (I) will make a \$30.00 donation for an adult title.

___ Our organization (I) will make a \$50.00 donation towards an audio book.

___ Other amount \$_____

Signature of person in charge of the program _____

Signature of person in charge of refreshments _____

OFFICE USE ONLY: STAFF'S INITIALS _____
DATE OF DONATION OR FEE REC'D ___/___/___ APPLICATION APPROVED ___/___/___
AMOUNT \$_____ Library Director's signature _____