

# Weston Public Library

## Application For Use of Community or Conference Room

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

Contact Name and Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_ Weston, CT 06883

Date Requested: \_\_\_\_\_

Time Requested (include set-up and break-down): \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Room Requested **AND** Approximate Number of People:

- Community Room (maximum 100 people) \_\_\_\_\_
- Piano access \_\_\_\_\_  Audio-Visual equipment \_\_\_\_\_
- Kitchen access \_\_\_\_\_
  
- Conference Room A (maximum 11 people) \_\_\_\_\_
- Conference Room B (maximum 4 people) \_\_\_\_\_
- Conference Room C (maximum 4 people) \_\_\_\_\_
- Makerspace (maximum 6 people) \_\_\_\_\_

### **Room Use Procedures:**

1. Application must be signed and submitted by a Weston resident, aged 18 or older.
2. Contact and signatory for organization on this application is responsible for requesting a key to the Library and receiving instruction on the opening/closing of the Community Room for all after hour events. Keys may be picked up no earlier than 24 hours in advance of a program and must be placed in the Library book drop at the close of the event.
3. Each group or individual must leave the rooms and kitchen clean. The tables, chairs and other Library equipment must be put back to where they were found. The user is responsible for loss or damage resulting from their use and for additional custodial fees if the rooms are not left in good order. Custodial fees are charged at a minimum rate of \$35/hour and prompt payment for custodial fees or loss/damage is expected.
4. Use of equipment other than tables and chairs is not permitted without prior arrangement. Separate agreements and policies may apply to audio-visual equipment.

On behalf of my organization, I acknowledge receipt of the *Weston Public Library Policy on Use of the Community and Conference Rooms* and agree to abide by the policies set forth in the aforementioned document. I assume all responsibility for compliance with these policies by my organization.

Future use of Library Rooms may be refused should groups, organizations, or individuals fail to adhere to the policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LIBRARY APPROVAL

Date: \_\_\_\_\_

By: \_\_\_\_\_