



Woodbury Public Library Meeting Space Application

Event Date(s): _____ Event Time: _____ Number of Attendees: _____

Space Needed: The Gallery Quiet Study Room Other: _____

Organization Name: _____

Contact Name: _____ Library Card Number: _____

Address: _____

Phone Number: _____

Email: _____

Please exclude my contact information from the public.

Event/Class Title: _____

Description: _____

Age Group: Adult Teen/YA Children Will physical activity occur? Yes No

Equipment needed: Microphone Sound Smart TV Laptop DVD/Blu-ray

Special Notes: _____

Please initial below:

_____ I understand that all activities offered at the library are open and free to all persons. For statistical purposes, I will let staff know the number of attendees. My group will end a minimum of 15 minutes prior to closing hours. I have been informed that maximum room capacities are established and are enforced.

_____ I confirm that it is the responsibility of the event organizer to ensure that members, attendees, and participants adhere to any CDC/State of Connecticut /Town of Woodbury guidelines in effect at the time of the event. I have read and will abide by the Library's Meeting Spaces Policy.

_____ I agree to return the space to its original state and to assume financial responsibility for any damage to the room and its contents during my activity. I understand that the above phone number may be given to library patrons wishing further information about this event. I agree that the library reserves the right to modify schedules based on library need.

Patron Signature: _____ Date: _____

Staff (Print Name): _____ Date: _____

Staff Entry: Added to calendar Not added to calendar Date: _____