Middlebury Public Library Larkin Room Application

Name of Organization:_____

Pres./Chair_____Phone#: (wk)_____(hm)_____

Address:_____

Name of authorized person making application:_____

Address:_____

Phone#: (wk)_____(hm)_____

Meeting date: _____Convene:_____Adjourn:_____

Title of Program:_____Speaker's Name:_____

Kitchen facilities will:_____will not:_____be needed. Anticipated attendance:_____

***Please note:** Organizations using the Larkin Room are responsible for setting up and taking down chairs, tables, and other equipment used during their meeting. They are responsible for seeing that the Larkin Room and kitchen are left in neat, clean condition.

The facility is open from 10:00 a.m. to 5:00 p.m., Monday, Wednesday, Friday; 10:00 a.m. to 8:00 p.m., Tuesday, Thursday; 10:00 a.m. to 2:00 p.m., Saturday. The building is closed on all legal holidays.

A Certificate of Insurance is required by the Town of Middlebury.

If any special arrangements need to be made, contact the Library Director at (203) 758-2634 or by email at jlorusso@Middlebury-ct.org.

When signed by the Library Director, this application signifies agreement of the organization to abide by the policies and regulations governing use of the MPL Larkin Room.

I, the undersigned, have read the Reservation Policies and Guidelines governing use of the MPL Larkin Room and agree to abide by them.

Signature of authorized representative:_____Date:_____

Deposit check should be returned to: Name:_____

Address:_____Zip Code:_____

$100.00 deposit returned:_____ Not returned:_____

Reason for withholding deposit:_____

Confirmation of application should be mailed to: Name: _____

Address:_____Zip code:_____

Use of MPL Larkin Room on _____ is_____ is not_____ confirmed.

Signature of Library Director_____Date_____

Send a copy of this application to: Library Director, Middlebury Public Library, Crest Road, Middlebury, CT 06762 with the $100.00 Security Deposit and Certificate of Insurance.