

## APPLICATION FOR USE OF THE MEETING ROOM

Please complete and return to the attention of the Adult Program Coordinator. Forms can be

Emailed: programs@chboothlibrary.org

Faxed: 203-426-2196 Mailed:

C.H. Booth Library

25 Main Street Newtown, CT 06470

Organization:				
Address:				·
Phone:				
Facility desired:	<b>Board Room</b>	(Maximum	Persons)	
	Meeting Room	(Maximum	Persons)	
Date(s) room is requ	uested:			
Time (start and end	):			
				following information will help list your
Type of Pro	gram:		Speaker or Perf	former:
				Refreshments Available:
	ck must be received oth Library.	at least one wee	k in advance of	he amount of your check. Your completed the meeting date. Please make checks hem:
Name:				
				Date:
Amount enclosed: _				



## C. H. Booth Library Meeting Room Equipment Request Form

Name:	
Date of Event/Meeting:	
Organization:	
Contact Phone #:	
	g items to use this day in the Library Meeting Room and as for equipment use and to be responsible for the
	he items to the Children's Department Desk, if the eting/program concludes. Otherwise, I will leave the itchen.
Corded microphone	e for Assistive Listening System
· ·	Headsets – number borrowed ) (7) (8) (9) (10) <i>circle one</i>
Lapel microphone – (1) or (2) $cir$	
Wireless microphor	ne for meeting room system
Mobile LCD Projecto	or
DVD Player	
☐ VHS Player	
☐ Mobile Computer	
Slide Projector	
Overhead Projector	