



The Brookfield Library
 182 Whisconier Road, Brookfield, CT 06804
 203-775-6241 / Fax 203-740-7723

Application for Use of the Community Room

Date of Application _____

Name of Organization _____

Authorized Representative:

Name _____

Address _____

Phone _____ Email _____

Dates Requested

	Month/Day/Year	Times (from-to)	Rental Fee	Date Paid	Lib. Approval
July					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					

Equipment needed:

<input type="checkbox"/>	Chairs	Quantity: Arrangement:
<input type="checkbox"/>	Tables	Quantity:
<input type="checkbox"/>	Movie Screen	
<input type="checkbox"/>	Stove	
<input type="checkbox"/>	Refrigerator	

I, the authorized representative of the above named organization, have received a copy of The Brookfield Library's Policy 600 (Use of the Community Room), including its Rules Governing the Use of the Community Room.

I understand that, once signed, this application form signifies my organization's agreement to pay all fees, and to comply with all rules and conditions specified therein.

Signature of Authorized Representative _____