

**Middlebury Public Library
Larkin Room Application**

Name of Organization: _____

Pres./Chair: _____ Phone# (wk): _____ (hm): _____

Address: _____

Name of authorized person making application: _____

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**
- A \$100 security deposit check made out to Town of Middlebury, Memo: Library Larkin Room Deposit is required.
- If any special arrangement need to be made, contact the Head Director at (203) 758-2634 or by email at jlorusso@middlebury-ct.org.

When signed by the Head Directory, this application signifies agreement of the organization to abide by the Larkin Room Policy.

I, the undersigned, have read the Larkin Room Policy governing the use of the Middlebury Public Library Larkin Room and agree to abide by it.

Signature of the authorized representative: _____ Date: _____

Deposit check should be returned to: Name: _____

Address: _____

\$100 deposit returned: _____ Not returned: _____

Reason for withholding deposit: _____

Confirmation of application should be mailed to: Name: _____

Address: _____

Used of MPL Larkin Room on _____ is _____ is not _____ confirmed.

Signature of Head Director: _____ Date: _____

Send a copy of this application to: Head Director, Middlebury Public Library, 30 Crest Road, Middlebury, CT 06762 with the \$100 Security Deposit check and Certificate of Insurance.