MILLER LIBRARY – HAMDEN PUBLIC LIBRARY
2901 Dixwell Avenue, Hamden CT 06518

MEETING ROOM APPLICATION

(*Fill out application completely. Please print clearly.*)

DATES REQUESTED:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

ROOM REQUESTED:

Program Room (1st Fl., Cap 20): _____

Friends Rm (2nd fl, cap 32): _____

Tutor Room (3rd fl, cap 6): _____

Note: All meeting rooms at Miller

Wheelchair accessible on the main floor

EVENT TIME: ***from:*** _____ ***to:*** _____ **SET-UP TIME:** _____

SPONSORING ORGANIZATION: _____

Address: _____ **Zip:** _____

EVENT: _____

Est. attendance: _____

Set-up requested: (Friends Rm only): # of chairs: _____ chairs at tables? _____

or chairs in rows with table at front? _____ add'tl table near door? _____

You must receive a confirmation of these dates from the Information Desk. Completing this form does not guarantee that the room is available. "Groups" must supply an insurance certificate unless their event is sponsored by the Town of Hamden. Meetings must end no later than 15 minutes before the library closes. For library hours please contact the information desk at 203-287-2680 or visit the website at www.hamdenlibrary.org. No Food allowed in either program room. The library reserves the right to limit hours requested.

YOUR NAME (printed clearly please) **PHONE** **EMAIL**

_____ _____ _____

Signature: _____ **Date:** _____

Name of person in attendance, if different from above: _____

Return completed application to Miller Library (reference desk). fax: 203-287-2685 or email: info@hamdenlibrary.org
Questions? Contact Reference Desk: 203-287-2680 or Business Manager, Arlene Anderson: 203-287-7723

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LIBRARY USE ONLY Date received: _____ Applicant notified: _____

Approved: _____ Denied: _____ Reason denied: _____ Signature, Library Staff: _____ Date: _____