

Building Use Reservation Form
Winooski Memorial Library

Contact Information

Name of Person Making Reservation _____

Name of Person Responsible for Event _____

Contact Phone Number _____ Contact Email _____

Contact Address _____

City _____ State _____ Zip _____

Name of Organization (if applicable) _____

Organization Address _____

Event Details

Date of Event _____ Start Time _____ End Time _____

Expected No. of Participants _____

Event Description

Please note: Space is made available on a first come, first served basis. Filling out this form does not guarantee space. A signed copy of the Building Use Policy needs to be on file to reserve space.

For Library use Only

Reservation Made By _____

Deposit Received __/__/__

Deposit Returned __/__/__

Key Issue Date/Time __/__/__ _____

Key Returned Date __/__/__

