

Johnson Public Library

PO Box 601, 7 Library Drive
Johnson, VT 05656
johnsonpubliclibraryvt@gmail.com
802 635-7141

APPLICATION FOR USE OF LIBRARY

Name of Organization _____

Title of your meeting or program _____

Are you a non-profit? YES NO, If no there is a \$50 fee.

Will this meeting be open to the general public? YES NO

Will refreshments be served? YES NO

Date(s) and time(s) of your meeting or program _____

Hours room will be needed (including set-up and clean-up times) _____

Please identify spaces to be used: Main floor Activities Room Outside Spaces

Number of people expected _____

Equipment needed _____

Other special requirements _____

Name of person responsible for this program _____

Address/City/State/Zip _____

Telephone _____ e-mail _____

I will be in attendance at the event(s) and will be responsible for the observance of the Johnson Public Library . _____ (Initial)

I have read and understand the "Policy Statement for Public Use of the Library". _____ (Initial)

I have read and have been instructed of closing procedures and of equipment use if applicable.
_____ (Initial)

Your Signature and Date

Library approval Signature and Date

Adopted Date: 03/04/2020
Approving Members: Jessica Bickford, Kelly Vandorn,
Sabrina Rossi, Stacey Waterman, Jasmine Yuris