APPLICATION/USE OF FACILITIES FORM

Name of Applicant ________________________________

Name of Organization ______________________________

Phone Number(s) Home/Business ___________________________

Cell ____________________________

Email ________________________________

Purpose of Meeting ________________________________

Date(s) and Time(s) Requested
(Include setup time and length of meeting) ____________________________

__________________________________________

Room preference (1st and 2nd choice) ________________________________

Anticipated Attendance ________

Meeting information posted on Town Calendar Yes ______ No ______

Use of Facilities - Groups requiring a specific arrangement of chairs and tables are required to send arrangement information to John Thompson at jthompson@greenwichct.org. The requester must also call 203-622-6443 to confirm the requested set-up. Requests must be made ahead of time, as staff may not be available to make adjustments the day of the event. Set-up configurations are included in packet. The requester must indicate which room and configuration is needed.

Groups requiring assistance with and/or set-up of audiovisual technologies need to specifically request assistance at the time the room is reserved. A list of available equipment is provided on the Conference Room Layout Request Form. The requester must indicate which equipment is needed.

I have read the attached policy; rules and regulations related to the use of the Town Hall conference rooms and agree to abide by these policies, rules and regulations.

Signature: ___________________________________________ Date: __________________________

FOR OFFICE USE ONLY

Date Confirmed ________________ Hold Harmless Received ________________

Insurance Received ________________ 501(c)(3) Received ________________