

Sherman Library Association
PO Box 40
Sherman, CT 06794
860-355-2455
SL@biblio.org

Library Barn Program Room Request Form

Please complete this form and return it to the Sherman Library Director.

Name of Organization: _____

Responsible Person who will be present: _____

Address: _____

Email: _____ Telephone: _____ Tax exempt # _____

Title and purpose of meeting or program: _____

Date requested: _____ Meeting time: _____ a.m./p.m.

Total Room time needed (max four hours): Start _____ end _____

Estimated attendance _____ # of chairs needed _____ # of tables needed _____

Will refreshments be served? Yes No

If yes what type of refreshments? _____

I have read the rules of the Sherman Library Barn Room Use Policy. My signature attests to my agreement.

Signature of responsible person: _____ Date: _____

Library Approval Signature: _____ Date: _____