

Copied Maintenance  
 Added to Disp., Maint., Library

# TOWN OF SHELBURNE

## APPLICATION FOR USE OF:

### MEETING ROOM, TOWN CENTER:

Large Meeting Room 1

Small Meeting Room 2

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RETURN COMPLETED FORM TO: Town Manager's Office, Attn: Judy Lance  
P.O. Box 88, Shelburne, VT 05482  
Phone 264-5031 Fax 985-9550

EVENT \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Shelburne Resident? Yes No

ADDRESS \_\_\_\_\_

PHONE # Day \_\_\_\_\_ Night \_\_\_\_\_

DATES REQUESTED:

EVENT

\_\_\_\_\_ from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

DO YOU NEED TABLES? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

HOW WOULD YOU LIKE TABLES ARRANGED? \_\_\_\_\_

DO YOU NEED CHAIRS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

HOW WOULD YOU LIKE CHAIRS ARRANGED? \_\_\_\_\_

SPECIAL REQUESTS \_\_\_\_\_

PURPOSE OF EVENT \_\_\_\_\_

CERT. OF INSURANCE REQUIRED? \_\_\_\_\_ DEPOSIT REQ? \_\_\_\_\_

APPROVED \_\_\_\_\_

FEE \_\_\_\_\_

QUESTIONS? Call Judy at 264-5031. Fax 985-9550