

## Tolland Public Library Event Application

Name/Organization	
Mailing Address	
Phone	
Email Address	
Purpose of Event	
Date of Event	
Rain Date	
No. of Attendees	
Security Deposit	

I, the undersigned, verify that the person or organization named above is financially responsible for any and all damage to the Tolland Public Library incurred during the above mentioned event.

\_\_\_\_\_ date  
Applicant signature

Please send your application along with your security deposit to:  
 Library Director  
 Tolland Public Library  
 22 Clubhouse Road  
 Tolland MA 01034

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Approved\_\_\_ Disapproved\_\_\_ \_\_\_\_\_  
 Trustee Signature/Date