

Date completed: _____

Applicant Information

Name: _____

Affiliation: _____

Address: _____

Telephone (day): _____

Email: _____

Website: _____

Speaker/Performer fee: _____

Speaker/Performer info: _____

Please provide references from prior program experiences (name & contact info)

1. _____

2. _____

3. _____

A police check is required for programs running more than once.

Return the completed form to any Burlington Public Library location for consideration as a program at the following location(s):

Aldershot Alton Brant Hills Central New Appleby

Tansley Woods All

Thank you for your interest. Due to the volume of applications received annually, we will respond only to proposals we wish to explore further.

Program Information

Name of proposed program _____

Why is the library a good place for the program? _____

How will the participants benefit? _____

How will you promote the program? What promotion do you expect from the library?

Program Details

Intended audience (check all that apply)

Preschool School age Family (specify minimum age) _____

Teen Adult Senior Other _____

Audience: minimum # _____ maximum # _____

Duration: start time _____ end time _____

Space needs: _____

Supplies & equipment needs: _____

Desired support from library staff: _____

Potential hazards: _____

Additional costs: _____

Other: