



Legislative Session 2017



REQUEST FOR USE OF THE CARD ROOM

Organization: _____

Contact Person: _____

Daytime Phone #: _____

Email: _____

Address: _____



Purpose of Event: _____

Specific Date Request: (National Awareness Day for example)



Approval may be subject to restrictions and conditioned upon your compliance with all general rules relating to conduct in the State House.



This signature indicates I have read and will adhere to the conditions of use of the Vermont State House and am responsible for returning the room to its prior condition. If not, I understand my organization may not be allowed use of a room in the future.

PLEASE RETURN FORM TO THE OFFICE OF THE SERGEANT-AT-ARMS.

115 State Street
Montpelier, VT 05633
802-828-2228
sgtatarms@leg.state.vt.us