



Legislative Session 2020

REQUEST FOR USE OF THE CARD ROOM



Organization: _____

Contact Person: _____

Daytime Phone #: _____

E-mail: _____

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 05633-5501
 802-828-2228
 sgtatarms@leg.state.vt.us