



*Legislative Session 2019*

**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