



Legislative Session 2025

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 Vermont State House.

My signature above 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