185 Kings Ferry Road, Montrose, NY 10548 Telephone: 914.739.5654; Email: jkolesar@henhudfreelibrary.org

COMMUNITY ROOM APPLICATION

Applicant/Organization	
Program Description/Meeting	
Reservation Details: Date	
Arrival Time am/pm Event Start	Time am/pm
Event End Time am/pm Departu	re Time am/pm
Expected Attendance: # Adults # Young Adults # Children	
Authorized representative completing the application:	
Name Ti	itle
Address	
	Telephone
E-mail Address	
Please attach - Certificate of Insurance, 501(c)3 attach copy of Certificate	
Do you require room set up/break down? (\$25 fee) Yes Boardroom U-Shape Classroom Theater Other (please attach) No Party responsible for set up, break down and cleanup.	
Do you require use of the audio/visual system? Yes □ Please contact Jenny Kolesar at ext. 311. No □	
Agreement I hereby apply for use of meeting room space as specified above and agree to the policies, procedures, and regulations and requirements as set forth in The Community Room Policy, which are incorporated herein by reference, and a copy of which I acknowledge that I have received, read, and understand and expressly agree to.	
For the Applicant/Organization	For the Library
Signature	Signature
Print Name & Title	Print Name & Title
Date	Date
Fee Received	

Adopted by the Library Board of Trustees 07.14.04 Reviewed 09.19.22 Revised 10.26.20