185 Kings Ferry Road, Montrose, NY 10548

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CONFERENCE ROOM USE APPLICATION Applicant/Organization _____ Program Description/Meeting _____ Reservation Details: Date Time am/pm to am/pm Authorized representative completing the application: Address _____ Telephone _____ E-mail Address _____ 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 above which I acknowledge that I have received, read, and understand. For the Applicant/Organization For the Library Signature Signature Print Name & Title Print Name & Title Date Date

Fee _____ Received _____