

HENDRICK HUDSON FREE LIBRARY
ROOM USE APPLICATION FOR TUTORS

Tutor Information

Hendrick Hudson Free Library Card Number: _____

Name: _____

Street Address: _____ City, State: _____

Home Phone #: _____ Cell Phone #: _____

Student Information

Hendrick Hudson Free Library Card Number: _____

Name: _____

Street Address: _____ City, State: _____

Home Phone #: _____ Cell Phone #: _____

I have received, read and agree to the terms of the Tutoring Policy of the
Hendrick Hudson Free Library.

Tutor Signature:

_____ Date: _____

Parent Signature:

_____ Date: _____

Student Signature (18 years of age and older):

_____ Date: _____