HENDRICK HUDSON FREE LIBRARY
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 Departure Time _____am/pm

Expected Attendance: # Adults ____ # Young Adults ____ # Children____

Authorized representative completing the application:

Name _____ Title _____

Address_____

Telephone _____

E-mail Address _____

Please attach - 1) Certificate of Insurance 2) 501(c)3, attach proof of status

Do you require room set up/break down? ($25 fee)

- ☐ No Party responsible for set up, break down and cleanup.
- ☐ Yes
  - ☐ Boardroom
  - ☐ U-Shape
  - ☐ Classroom
  - ☐ Theater
  - ☐ Other (please attach)

Do you require use of the audio/visual system?

- ☐ Yes Please contact Jenny Kolesar at 914.739.5654 ext 311 .
- ☐ No

Will you be charging a program fee or suggesting a donation for your event?

- ☐ Yes
- ☐ 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

For Library use only

Fee _____ Received _____