

HUDSON PUBLIC LIBRARY
Meeting Room Reservation Application

Date of application _____

Name of group or individual _____

Type of event _____

Contact person _____ Telephone _____

Address _____

E-mail address _____

Date requested _____

Time: From _____ to _____

Will the event begin before or extend beyond library hours? _____

AV equipment needed _____

Will food or drink be served? _____

Estimated number of people expected _____

I have read the Meeting Room Policy and agree to abide by it. _____

Paid (if applicable) yes _____ no _____ amount _____

Approved by _____

Date _____