

**HILLS MEMORIAL LIBRARY BUILDING**

**APPLICATION FOR USE**

*This form should be returned to the Hudson School District with deposit and /or fee attached.*

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_

Event/Purpose \_\_\_\_\_

Will you be charging fees related to the event? \_\_\_\_\_ Specify \_\_\_\_\_

Days/Dates/Hours of Event/Meeting \_\_\_\_\_

One-time request or regularly scheduled \_\_\_\_\_

Expected Number of attendees \_\_\_\_\_ Age of participants/guests \_\_\_\_\_

Names and Phone # of organization's representatives who will be present at the event:

_____ # _____	_____ # _____
_____ # _____	_____ # _____

Please specify if refreshments will be served \_\_\_\_\_

Media Coverage Anticipated? \_\_\_\_\_

**Insurance Information**

Any organization requesting to use the library facilities must produce a written certificate of insurance providing liability coverage for general liability and property damage insurance total \$1,000,000/\$2,000,000 aggregate with the Hudson School District and the Hills Memorial Library Building listed as additional insured. The certificate holder should also list the Hudson School District, 20 Library Street, Hudson, NH and Hills Memorial School Building, 18 Library Street, Hudson, NH.

Organization's Insurance Binder Information \_\_\_\_\_

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**APPLICATION FOR USE CONT.**

**Prohibitions**

Smoking is prohibited on library property.

Alcoholic beverages may not be served or consumed on library property.

The use/possession/sale of drugs or other controlled substances is prohibited.

The possession of firearms or other weapons is prohibited.

We have read and are aware of the Hills Memorial Library Building Facility Use Policy and agree to comply with it. We agree to indemnify and hold harmless the Town, the Hudson School District, the Library BOT and all of its officers, employees and agents from any and all claims, demands, suits and causes of action or judgments, any person may have as a result of any damages suffered while utilizing the property.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Checks should be made out to the Hudson School District.

Deposit/Fees received: Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Approved/Refused by: \_\_\_\_\_ Applicant Notified \_\_\_\_\_

If refused, please state reason: \_\_\_\_\_