

APPLICATION FOR USE OF BARLOW COMMUNITY CENTER

The following must be signed by a Hudson resident as the representative of the group using the Barlow Community Center.

I have read and understand the rules for the Barlow Community Center. On behalf of my organization, I acknowledge permission to use the facilities in accordance with these rules. In consideration of the permission and privilege allowed to me and my organization that we will indemnify, save, and hold harmless the City of Hudson and employees from any and all losses, claims or actions, or proceedings of every kind and character which may presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any damages to property suffered which arise from our use of the Barlow Community Center. I agree to make this information available to all other members of my organization as necessary.

In order to secure your room reservation, please sign and return this form along **with your deposit check of \$50.00 per room** made payable to the City of Hudson as soon as possible. Your room rental fee in the amount of _____ must be paid in advance of room use. Please mail application and check to:

Barlow Community Center
c/o City of Hudson, P.W.Dept.
1769 Georgetown Road
Hudson, Ohio 44236

Signature and title of person authorized to sign for organization Today's Date

Please print or type name above E-mail address

Address City, State, Zip Phone Number

Name &Address of user City, State, Zip Phone Number
if different than above

Room(s) requested Date of Room Requested Time Requested

FOR OFFICE USE ONLY

DEPOSIT RECEIVED _____ DATE _____ CASH _____ CHECK # _____

DEPOSIT REIMBURSED _____ DATE _____ P.O.# _____ CHECK # _____

ROOM RENTAL
FEE RECEIVED _____ DATE _____ AMOUNT _____ CHECK # _____