



**Barlow Community Center**  
41 S. Oviatt St.  
**Rental Application**

Applicant's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

I have read and understand the attached Barlow Rules for Use \_\_\_\_\_

Signature **(MUST BE SIGNED)**

Organization/Group Name \_\_\_\_\_

Tax Exempt # (if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

| Rental Date(s)   | Room(s) | Start Time                    | End Time                      |
|--|---------|-------------------------------|-------------------------------|
| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
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| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
| _____  | _____   | _____ am/pm                   | _____ am/pm                   |
| <i>Attach extra paper &amp; use same format if more dates are needed</i> |         | <i>Please circle am or pm</i> | <i>Please circle am or pm</i> |

The following are available for use. Please check off if the following is needed:  
 Podium  
 Screen (Assembly Rm. already equipped with screen. All other rooms require portable screen).  
 The theater equipment IS NOT permitted for use.

**Forms can be submitted on-line to [aswain@hudson.oh.us](mailto:aswain@hudson.oh.us) Payments can be made by credit card, check or cash. Checks should be made out to "City of Hudson" and mailed to 1769 Georgetown Rd., Hudson, OH 44236 or call 330-342-1750 for credit card payment (a convenience fee of \$1 or 3% will be added for each credit/debit card transaction)**

**FOR OFFICE USE ONLY**

City of Hudson Authorization: Initials \_\_\_\_\_ Date/Time Stamp \_\_\_\_\_  
 Deposit Received: Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_  
 Room Rental Received: Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_