

**Town of Hudson
Event Permit**

Date of request: _____

Name of Organization: _____

Name of person requesting permit: _____ Ph. #: _____

Date of Event: _____

Approximate number of participants: _____

Fee to be Charged: _____

Facilities requested

- | | |
|--|---|
| <input type="checkbox"/> Town Hall | <input type="checkbox"/> Baseball Park |
| <input type="checkbox"/> Memorial Park | <input type="checkbox"/> Maintenance building |
| <input type="checkbox"/> Svilar Park | <input type="checkbox"/> Other |
| <input type="checkbox"/> Restrooms | |

Staff Time Required

- yes No

Organization will be responsible for all clean-up and disposal of trash

Other Requested items:

All organizations hosting events held in the Town of Hudson must have Insurance. Please attach proof of Insurance to this request.

Approved by: _____ Date: _____

Signature of Sponsoring Organizations acknowledgment of requirements:

Date: _____