

Town of Gilford
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Parks & Recreation
Department
(603) 527-4722
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Recreation Center of New Hampshire

TOWN OF GILFORD
USE OF MUNICIPAL FACILITY – REQUEST FORM

APPLICANT'S NAME (& TITLE IF APPLICABLE)

NAME OF ORGANIZATION

AGENCY ADDRESS

APPLICANT'S ADDRESS

BUSINESS PHONE – CELL PHONE - FAX - EMAIL

TYPE OF ORGANIZATION [INDICATE IF 501(C)3]

FACILITY REQUESTED

DESCRIPTION OF EVENT

DATE(S) & TIME REQUESTED

APPROX. NUMBER OF PARTICIPANTS

SPECIAL REQUESTS

"I am familiar with the State of NH RSA 170-E:53 & 54 and He-C 4004.05, and certify that this organization, if it qualifies, has complied with all parts of this law, inclusive of certifying to the New Hampshire Department of Health and Human Services that all coaches, volunteers and/or teachers have been background checked"

(Signature)

"I hereby acknowledge that I have read and understand the Town of Gilford Policy Governing the Use of Town Property and that I will be responsible for the use of the Town of Gilford facility in accordance with that Policy. Furthermore, I hereby agree to indemnify, hold harmless and release the Town of Gilford and its agents from any claims, liability, injuries and damages that may result from the use of the property."

Signature

Date

FOR TOWN USE ONLY

APPROVED/DENIED/SPECIAL CONDITIONS

SIGNATURE OF TOWN OFFICIAL

FEES/DEPOSIT/AMOUNT PAID/REFUND MADE (INDICATE DATES/CHECK NUMBER, ETC.)

[] INSURANCE CERTIFICATE REQUIRED/ATTACHED

cc: BOARD OF SELECTMEN; POLICE, APPLICANT; OTHER _____