## Town of Hancock Facility Use Request Application

Legal Organization Name:					Contact Person:					
Legal Mailing Street/PO Box Address:					Phone Number:					
City / State / Zip					email:					
					website:					
		Are	eas and/or	Rooms R	equested: (	Circle One				
Town Office: B.E.Caverly Meeting Room Main Flo					or Conference Room 3rd Floor Classroom					
Meetinghouse:	Hall		Horsesheds							
*Moose Brook Park:	ose Brook Park: Recreation Field			ield	Tennis Courts Other: Explain					
School Field (HES): Recreation Field		Field	Baseball F	ield	Multi-purpose Courts					
*Norway Pond: Beach			*Town Common: Bandstand Other: Explain							
*Individual residents and p facilities. Groups seeking groups, businesses, social Description of the act	to use facilities al clubs, non go	s may be r vernment	required to c organization	omplete the	use applicati gories on poli	on, for exar	nple: sports	teams, mu	sical/pe	
Event Date(s): list all or attach separate sheet					Event Times					
From: To:					From:			То:		
From: To:					From:			То:		
Rental C	Categories ar	e explaii	ned on pag	ge 2 of the	Facility Re	ental Polic	y. Please	check on	e box	
Rental Category:			Α 🗌	В	C	D	E	F $\square$		
Per Hour Charge:			\$0	\$10	\$25	\$0	\$20	\$30		
Does your group have insurance certificate win determination Will police coverage to Hancock police detail re	th Town name	ed as an o	additional in	nsured. Se	electboard w	ill make ris	sk	Yes Yes		No 🗌
I am an authorized repre any of the town building			_			wn of Hand	cock Facilit	ies Rental	Polici	es for the use
Authorized Representative Signature:  Please return completed form to: Town Administrator, PO Box 6, Hancock, NH 03449, or by email: towna										Applications may
also be placed in the drop	box located at	the Town					ial of Selectl	board.		
Your request must be ap required to endorse the person. You will need to be required to pay up to	Hancock Faci provide a cer	lity Use A tificate of	f the Select greement.	tboard. On You will be	instructed o	an authori n safe use	of the facil	ities and a	ssigne	ed a contact
Reason for application denial:					Laurie Bryan, Chai			Date		
Waiver of Insurance Requirement:  Yes No					Jeff Brown			Date		
						Ginger	r Smith			Date
For Office Use:	Signed Use /	ertificate Re	ecevied:		acaivad: V / N		Date:		Chec	