

Town of Hancock Facility Use Request Application

Legal Organization Name:	Contact Person:
Legal Mailing Street/PO Box Address:	Phone Number:
City / State / Zip	e-mail Address:
	website:

Areas and/or Rooms Requested: Circle One

Town Office:	B.E.Caverly Meeting Room	Main Floor Conference Room	3rd Floor Classroom
Meetinghouse:	Hall	Horsesheds	
*Moosebrook Recreation:	Soccer Field	Baseball Fields	Courts
*Norway Pond:	Beach	*Town Common:	Gazebo Other: Explain

**Individual residents and property owners are not required to complete this form for ordinary recreational use of beach, common, recreational facilities. Groups seeking to use facilities may be required to complete the use application, for example: sports teams, musical/performance groups, businesses, social clubs, non government organizations. See categories on policy.*

Description of the activity, number of participants, equipment involved: Attach separate sheet if necessary

Event Date(s): list all or attach separate sheet	Event Times
From:	To:
From:	To:

Does your event, sporting activity or program involve youth under 18 years old? You will be required to provide written proof of compliance with NH RSA 485-A:24. Please see attached Policy: Background Check Policy and Procedure for Youth Skill Camps, Yes No

Is your organization located in Hancock? Yes No

Do you charge a fee or collect a donation for participation? Yes No

Are at least 75% of participants are residents of Hancock? Yes No

Rental Categories are explained on page 2 of the Facility Rental Policy. Please check one box.

Rental Category:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
Per Hour Charge:	\$0	\$0	\$20	\$10	\$25

Does your group have liability insurance coverage? Your group may be required to provide an insurance certificate with Town named as an additional insured. Selectboard will make risk determination Yes No

Will police coverage be required for the event? If yes, the organization must complete a Hancock police detail request, additional fees apply Yes No

I am an authorized representative of my group or organization. I have read the Town of Hancock Facilities Rental Policies for the use any of the town buildings or grounds and I agree with all of the conditions.

Authorized Representative Signature:	Date:
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Please return completed form to Diane Kendall, Town Administrator email: townadmin@hancocknh.org or fax:525-4427 or Town of Hancock PO Box 6 Hancock NH 03449. You will be notified upon approval or denial of Selectboard.

Select Board Approval

Your request must be approved by a majority of the Selectboard. Once approved an authorized representative of your group will be required to endorse the Hancock Facility Use Agreement. You will be instructed on safe use of the facilities and assigned a contact person. You will need to provide a certificate of insurance before your event, unless the Selectboard waives the requirement. You may be required to pay up to \$500 as a deposit.

Reason for application denial:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Tom Shevenell, Chairman</td> <td style="border: none; text-align: center;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">John Jordan</td> <td style="border: none; text-align: center;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Erik Spitzbarth</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Tom Shevenell, Chairman	Date	_____	_____	John Jordan	Date	_____	_____	Erik Spitzbarth	Date
_____	_____												
Tom Shevenell, Chairman	Date												
_____	_____												
John Jordan	Date												
_____	_____												
Erik Spitzbarth	Date												
Waiver of Insurance Requirement:													
Yes <input type="checkbox"/> No <input type="checkbox"/>													

Town of Hancock Facility Use Request Application

For Office Use:

Signed Use Agreement Received:

Date:

Youth Skill Camp Certification Received:

Date:

Insurance Certificate Received:

Date:

Deposit Received: Y / N

Payment Received: Y / N

Date:

Check #