

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:

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 Park:	Recreation Field	Baseball Field	Courts
*Norway Pond:	Beach	*Town Common:	Bandstand 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:
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, Programs, Athletic Teams			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization located in Hancock?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you charge a fee or collect a donation for participation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are at least 75% of participants are residents of Hancock?			<input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>Your group may be required to provide an insurance certificate with Town named as an additional insured. Selectboard will make risk determination</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Will police coverage be required for the event? <i>If yes, the organization must complete a Hancock police detail request, additional fees apply</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 Jonathan Coyne, 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-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center; border-bottom: 1px solid black;">John Jordan, Chairman</td> <td style="width: 30%; text-align: center; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="width: 70%; text-align: center; border-bottom: 1px solid black;">Laurie Bryan</td> <td style="width: 30%; text-align: center; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="width: 70%; text-align: center; border-bottom: 1px solid black;">Kurt Grasset</td> <td style="width: 30%; text-align: center; border-bottom: 1px solid black;">Date</td> </tr> </table>	John Jordan, Chairman	Date	Laurie Bryan	Date	Kurt Grasset	Date
John Jordan, Chairman	Date						
Laurie Bryan	Date						
Kurt Grasset	Date						
Waiver of Insurance Requirement:							
Yes <input type="checkbox"/> No <input type="checkbox"/>							

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 #