



APPLICATION FOR FACILITIES USE
Town of Kingston, N. H.

Directions: Please complete this form and return it to the Board of Selectmen, P. O. Box 716, Kingston, N. H. 03848 at least 30 days before the date on which you wish to use the facility. Provide a single contact person to whom questions may be directed and notification may be sent.

Group Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

On behalf of the above-named group, we hereby request use of:

\_\_\_\_\_
Facility / Room / Field / Other Being Scheduled

on \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_
Date

for \_\_\_\_\_
(Type of Event or Activity)

I understand that I and my group are expected to exercise due care in use of the facility scheduled, and that the facility is to be returned upon completion to the condition in which it was found.

Office Use Only:

Application Received: \_\_\_\_\_

Approved [ ] Denied [ ] \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Board of Selectmen

Chief of Police

Road Agent

Note: All organizations must provide a Certificate of Insurance naming the Town of Kingston as additional insured along with this application.