



**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 – Please use back of page for additional detail.)**

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

\_\_\_\_\_  
Fire Chief

**Note: Organizations may be required to provide a Certificate of Insurance naming the Town of Kingston as additional insured along with this application.**