FACILITY REQUEST FORM

Town of Hubbardston

Please complete this form in full and return to the Park Commissioners at least 30 days prior to the requested use date, to be reviewed and decided upon by the Park Commissioners.

PLEASE NOTE:
Please include certificate of liability in the amount of $1,000,000.00 naming the Town of Hubbardston as certificate holder for your event.
Failure to provide this will delay your request.

- Priority is given to Hubbardston residents on a first come, first served basis.

- ALCOHOLIC BEVERAGES are NOT ALLOWED on any Town-owned property, except by special permit issued by the Selectboard.

- The Permit must be in the possession of the parties using the facility while in use.

- All materials and equipment must be supplied by the parties using the facility, including toilet facilities if deemed necessary by BOH.

- Those using the facility must provide maintenance. All refuse must be removed. Facility must be left in same or better condition as it was upon arrival.

- FEE and/or DEPOSIT may be required

- Failure to abide by these stipulations, and those specifically mentioned in your permit, may jeopardize future use of the facility for yourself as well as others.

- **PLEASE KEEP THE POLICY AND RETURN REQUEST FORM WITH INSURANCE CERTIFICATE**

FACILITY REQUEST APPLICATION

PLEASE PRINT CLEARLY
NAME or ORGANIZATION:

_____

CONTACT PERSON: SECOND CONTACT:

_____   _____

ADDRESS: ADDRESS:

_____   _____

PHONE: (H)   (W)   PHONE: (H)   (W)

_____   _____

FACILITY REQUESTED: ENTER DATE (S) & SPECIFIC HOURS
_____
_____
_____

EXPLANATION FOR USE: (explain nature of activity)
_____
_____
_____

WILL YOU BE CHARGING FEES, ADMISSION, REQUESTING DONATIONS, SELLING CONCESSIONS OR OTHERWISE HANDLING MONEY IN ASSOCIATION WITH THE USE OF THE FACILITY?   YES ___NO ___
PLEASE EXPLAIN:
_____
_____
_____

WHAT WILL BE DONE WITH PROFITS REALIZED FROM THIS USAGE?
_____
_____
_____

FOR OFFICIAL USE ONLY

DATE RECEIVED_____   CONDITION OF USAGE _____
                                              Insurance Certificate attached ____
APPROVED: (SELECTBOARD)_____   _____
             (BD. of HEALTH) _____   _____
             (CHIEF of POLICE) _____   _____
                                              COMMENTS: _____
FEE / DEPOSIT: $ _____   _____