

6 Village Green

Pelham, NH 03076



**Town of Pelham
Parks & Recreation
Department**

Phone: 603-635-2721

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REQUEST FOR USE OF TOWN BUILDING FACILITY

Building/Hall/Area

Date of Request: _____ **Requesting for Use:** _____

Organization Requesting Use: _____

(Please Print Name)

Name of Requestor: _____ **Tel. # of Requestor:** _____

(Please Print Name)

Requestor Email Address: _____

Date(s) and Time or Proposed Use: _____

(Date)

(Time)

_____ (Date) _____ (Time)

Purpose of Use: _____

(Please Describe)

Name of Site Supervisor (if applicable): _____

(Please Print)

Site Supervisor Contact Information: _____

(Cell #)

(email)

Special Requests: _____

It is the policy of the Board of Selectmen that Town committees and Boards have first priority for the use of Town Building Facilities. If a Town Building Facility is available, the request will be granted on a first come, first served basis.

If reconfiguration of the meeting room is needed, the Cable Television Department must be notified to move equipment and cabling. Do not attempt to move or disconnect microphones, cables or other equipment.

Fees: A deposit, Use Fee, Site Supervisor Fee or Cleaning Fee may be charged if applicable. The Selectmen's office will determine any applicable fees and communicate with requestor before final booking of the facility.

Failure by the individual or organization to leave a Town Building Facility in the same condition in which it was found, may be grounds for refusal for use at a later date and/or result in the forfeiting of any deposits.

Alcoholic beverages are not allowed on Town property. Smoking is restricted to designated areas outside of the building.

All damages or broken equipment must be reported promptly to the Town Administrator.

By signing this request, you have read and accept the rules as stated above. In the event of requesting the use of Sherburne Hall, you also have read and accept the "Rules Governing the Rental and Use of Sherburne Hall: as adopted at the Board of Selectmen".

Requestor Signature: _____

Approved by: _____ **DATE:** _____

(Please Print Name & Title)

Approved by Signature: _____

(Please Sign)