



Litchfield Recreation Commission

2 Liberty Way, Litchfield, NH 03052 (603) 886-5003

APPLICATION FOR FACILITY USAGE

Facility Requested: _____

Name of organization: _____

Dates: From: _____ to _____

Times:	_____	Sunday	from _____	to _____
(check and fill in)	_____	Monday	from _____	to _____
	_____	Tuesday	from _____	to _____
	_____	Wednesday	from _____	to _____
	_____	Thursday	from _____	to _____
	_____	Friday	from _____	to _____
	_____	Saturday	from _____	to _____

Purpose of hall usage: _____

The above organization:

1. Has liability insurance to cover the above activity (binder attached).
2. Agrees to safeguard town property during the activity.
3. Will reimburse the Town of Litchfield Recreation Commission for damages to the facility incurred during the activity.
4. Will leave the facility in good clean condition after the activity (see check list attached). A refundable deposit of \$100 may be required to cover cleaning and other costs incurred by the Commission.
5. Agrees to the provisions of the Town of Litchfield Parks and Recreation Ordinance and the Litchfield Recreation Commission Usage Policies.

Signed: _____ Date: _____

Print Name and Title: _____

Address: _____ Phone: _____

Commission Action: _____

Officer Certification: _____ Date: _____

Deposit required: _____