



HAMPSTEAD RECREATION COMMISSION - FACILITIES PERMIT

Fax: 329-6628

11 Main Street
Hampstead, NH 03841

Phone: 329-4100 x112
E-mail: hampsteadrec@aol.com

Person Responsible: _____ Date of Application _____

Organization: _____

Team: _____ Sport/ League: _____

Purpose of Use: _____

Contact No. Home: _____ Cell: _____ e-mail: _____

Special Condition (s): _____

| Day of Week | Date(s) | Start | | End | Time(s) | Start | | End |
|-------------|---------|-------|----|-----|---------|-------|----|-----|
| Mon | | | to | | | | to | |
| Tue | | | to | | | | to | |
| Wed | | | to | | | | to | |
| Thu | | | to | | | | to | |
| Fri | | | to | | | | to | |
| Sat | | | to | | | | to | |
| Sun | | | to | | | | to | |

Facilities: (X next to facility)

| | | | |
|---------------------------------|-----------------|------------------------|--------------------------|
| _____ Memorial Gym | _____ Depot # 1 | _____ Holiday Lane # 1 | _____ Tennis Court Field |
| _____ Woodland Pond | _____ Depot # 2 | _____ Holiday Lane # 2 | _____ Town Beach |
| _____ Babe Ruth (Depot Rd) | _____ Depot # 3 | _____ Police Field # 1 | _____ Other |
| _____ Softball Field (Depot Rd) | _____ Depot # 4 | _____ Police Field # 2 | _____ |

The Hampstead Recreation Commission has the right to revoke this permit without prior warning if any violation to the Recreation Commissions Field / Facility Reservation & Use Policy occurs.

- Organization - Town Teams/Leagues or Hampstead Middle /Central School
- Non-Resident or Other Organizations

Payment Fee:

\$ _____ Cash or Check # _____ Due Date: _____

Organization Requirements

- _____ Insurance Certificate
- _____ Game Schedule
- _____ Team Roster w/
player names, town, & St.
- _____ % of Hampstead Residents

Initial

I understand all procedures from the Town of Hampstead Field/Facility Reservation and Use Policy that is associated with this request. I have received the letter & understand there is no insurance coverage through the Town of Hampstead.

Approved: _____ / _____
Recreation Commission Signature of Person Responsible
Date _____ Date _____