



Parks and Recreation Department

130 Broad Street

Claremont, New Hampshire 03743

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www.claremontnh.com

***Parks & Recreation Department
Field and Facility Request Form***

This form is not necessary for reservations of GCC Meeting Rooms

NAME OF USE GROUP _____ Contact Person _____

E-MAIL ADDRESS _____

CONTACT PERSON FOR GROUP _____

CONTACT PERSON PHONE (DAY): _____ (EVENING): _____

ADDRESS OF CONTACT PERSON: _____

CITY _____ STATE _____ ZIP CODE _____

DATE(S) OF EVENT (USE): _____ TIME(S) OF EVENT (USE) _____

DESCRIPTION OF EVENT (USE): _____

IS YOUR GROUP INTERESTED IN USING THE INDOOR POOL? _____

APPROXIMATE NUMBER OF PARTICIPANTS: _____ APPROXIMATE NUMBER OF SPECTATORS _____

SPECIAL ARRANGEMENTS REQUESTED (minimum of five working days notice required) _____

TYPE OF FIELD/FACILITY REQUESTED: (please circle) FOOTBALL / SOFTBALL / BASEBALL / SOCCER/ PICNIC/
OPEN GREEN SPACE / PLAYGROUND/ POOL FACILITY
MEETING ROOM / GYM/TENNIS COURTS/ BASKETBALL COURTS/
HORSESHOE PITS

SPECIFIC SITE REQUESTED: (please circle) BARNES PARK /VET'S PARK / MOODY PARK / ARROWHEAD
MONADNOCK PARK / BROAD ST. PARK / ZOTTO GYM
INDOOR POOL / OUTDOOR POOL / JSL / GCC MTG. ROOM

FOR OFFICE USE ONLY

GROUP TYPE *Internal / Non-Profit / For-Profit* Single Use Seasonal Use Tournament Use Camp/Clinic Picnic / Pavilion

FEE \$ _____ **CASH** _____ **CHECK#** _____ **CHARGE** **VISA/MASTERCARD**

REQUEST RECEIVED BY: (check one)

___DIRECTOR ___SUPERINTENDENT OF PARKS AND FACILITIES ___SUPERINTENDENT OF RECREATION PROGRAMS

PLEASE READ AND SIGN

I (We) assume full responsibility for any damages to City of Claremont equipment and/or property that occur as a result of the requested use. Furthermore, I (We) understand that City of Claremont, its staff, and members of the Parks and Recreation Department, will not be held liable for any injury or damage which may occur to me, my guests, and /or members of the above-named organization and or property during our requested use of the facility. Sport groups and organizations not sponsored by the Parks & Recreation Department must provide a Certificate of Insurance, naming the City of Claremont, its agents, servants and employees as additional insured, evidencing the following:
Certificate of general liability insurance with per occurrence and aggregate limits of not less than \$1,000,000. Date Received _____

Signed: _____ Date _____

Approved: _____ Date _____

RETURN FORM TO: Parks & Recreation, 130 Broad Street, Claremont, NH 03743