

Arrowhead Recreation Club

Arrowhead Facility Use Application

18 Robert Easter Way, Claremont, NH 03743 Telephone: (603)542-7016 Fax: (603)542-7016 arrowhead@arrowheadnh.com

APPLICANT NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ DAY PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ EVE. PHONE: _____

E-MAIL: _____ OTHER PHONE: _____

EVENT DATE: _____ HOURS OF USE _____ TO _____ ESTIMATED ATTENDANCE: _____

DESCRIPTION OF EVENT AND SET UP AND CLEAN UP PLAN: _____

SPACE REQUESTED: (circle) MAIN FLOOR / DECK/ UPSTAIRS FUNCTION ROOM / BASEMENT FUNCTION ROOM / OPEN SPACE

OTHER: _____

Caterer Name / Phone Number: _____

(Some large or special events may require Certificate of Insurance)

IS ALCOHOL BEING SERVED (Beer and Wine Only) _____

(Alcohol required to be served by a caterer with an off-premise liquor license; insurance must be carried by the caterer or the person who hired the caterer. Also requires approval of the City of Claremont licensing board and Parks and Recreation Department. **NO BYOB**)

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT.

YES|NO

FOOD CONCESSION AND/OR FOOD PREPARATION AREA (S)

(If you need to cook food in the event area) Please specify method: GAS / ELECTRIC / CHARCOAL / OTHER: _____

DOES YOUR EVENT REQUIRE ELECTRICITY? SOURCE: _____

ENTERTAINMENT Please describe type, name of, number of hours playing: _____

AMPLIFIED SOUND / PA SYSTEM If yes, please indicate START TIME: _____ and END TIME: _____

AFFIDAVIT OF APPLICANT

I shall indemnify and hold the City of Claremont and the Arrowhead Recreation Club harmless from and against any loss, cost or damage of any nature arising out of any action or claim against the City of Claremont, the Arrowhead Recreation Club or its agents or employees, in connection with or relating to any alleged injury or damage occurring in or around the Arrowhead Lodge and Recreation Area immediately prior to, immediately after, and during the period for which the facility is reserved by the above named applicant, group or organization. I assume responsibility and will pay for any damage or loss that may occur to the facility and equipment. Applicant and the parties and/or organizations named herein may be subject to prosecution for such violations. The Arrowhead Recreation Club reserves the right to cancel a reservation by giving ten days notice.

NAME OF APPLICANT: (print) _____

SIGNATURE: _____ DATE: _____

ARROWHEAD USE ONLY

_____ APPROVED _____ DENIED STAFF INITIALS: _____ Fee \$ _____ PD _____

COMMENTS:

Parks and Recreation Alcohol Approval Signature and Title

____ Copy Given to Parks and Recreation