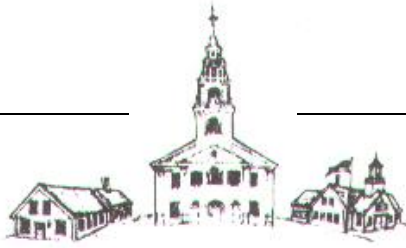


TOWN OF ACWORTH

P.O. Box 37
Acworth, NH 03601

Board of Selectmen



Phone: 603-835-6879
Fax: 603-835-7901
Email: townoff@sover.net

TOWN FACILITY APPLICATION FOR USE

Applicant name _____ Telephone _____

Address _____

Town facility requested _____

Date and hours of use _____

Purpose _____

The Applicant agrees to leave the Hall and rest rooms in a clean and orderly condition with furniture returned to its original position and any trash removed.

The maximum number of persons allowed in the Hall per our Assembly Permit is 285.

Use of alcoholic beverages for private parties requires proof of tenant/users liability coverage.

Rental rates:

June-Sept. \$15/day Residents, \$150/day Nonresidents and Resident commercial	Fee paid: _____
Oct.-May \$25/day Residents, \$250/day Nonresidents and Resident commercial	Fee paid: _____

Use of Town property for fundraising is limited to Acworth nonprofits and rental rates are waived.

In consideration of being permitted to use a Town facility the Applicant agrees to indemnify and hold harmless the Town, its officers, employees and insurers from and against all liability, claims, and demands, which are incurred, made, or brought by the Applicant or any person or entity, on account of damage, loss, or injury including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the use of the facility, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town, its officers, its employees, or from any other cause whatsoever.

By signing the Applicant also agrees to reimburse the Town for any and all costs associated with cleanup, damage, loss or injury to the facility or to any property or equipment therein.

Applicant signature _____ Permission granted _____