

Town of Hooksett

DEPARTMENT OF PUBLIC WORKS
210 West River Road
Hooksett, New Hampshire 03106



Telephone: (603) 668-8019
Fax: (603) 668-6850

Parks, Recreation and Cemeteries Division Gym Use Request

Group Name: _____

Date: _____

Time: _____

What type of event will be occurring? _____

Contact Person: _____

Telephone: _____

Address: _____

Email: _____ 4-Digit Door code #: _____

Gym Fee:
Check #: _____ Amount: _____

Janitorial Fee:
Check #: _____ Amount: _____

There is a fee for opening and closing the gym: \$25 for non-profit organizations and \$45 for profit organizations. There is also a \$60 fee for janitorial services. If the gym is left in the condition it is found, you will receive your \$60 check back, but if it's not, we'll use the money to pay for janitorial services. If some set up is requested, there is a \$25 fee for that as well.

Please write a separate check for the janitorial service fee. Make both checks out to the Town of Hooksett. We also require a Certificate of Insurance indicating the "Town of Hooksett" as an additional insured.

If you have any questions, please feel free to contact our office at (603) 668-8019, or send an email to: ehorn@hooksett.org during regular business hours from 7:00am-3:30pm, Monday-Friday. If you need assistance after hours, please contact our Highway Crew Chief, Tommy Bartula, at (603) 703-1649.

Approved By

Date

ALL TOWN FACILITIES ARE ISSUED BY PERMIT. USER GROUPS MUST HAVE A COPY OF THEIR PERMIT AND CERTIFICATE OF INSURANCE ON HAND DURING THEIR SCHEDULED EVENT(S).

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Statement of Legal Release

I/We _____ of the _____ agree to hold harmless the Town of Hooksett, Parks, Recreation and Cemeteries Division, commissioners, staff, volunteers, coaches, and instructors, for accidents that may result for the entire program/event. The requesting organization assumes any and all responsibility when using the facility for special use, will see that the facility is clean and made presentable before leaving the premises, and will immediately report any damages.

I/WE HAVE READ THE ABOVE INFORMATION AND UNDERSTAND IT IN FULL. I/WE UNDERSTAND THAT THE POLICES ARE STRICTLY ENFORCED.

Signature of Applicant/s

Date

Telephone #