

**TOWN OF ATKINSON Recreation Department**  
**21 Academy Avenue Atkinson, NH 03811 603 362-5531**  
**Noriko Yoshida -Recreation Coordinator**

**Town of Atkinson - FIELD/FACILITY RESERVATION REQUEST FORM**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

The applicant is over 18 years of age: Yes \_\_\_ No \_\_\_ EMAIL: \_\_\_\_\_

COMPANY/ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SECOND CONTACT: \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

**TYPE OF ORGANIZATION:** (please circle) INTERNAL LOCAL NON-PROFIT OTHER

**FIELD/FACILITIES REQUESTED:** (please circle)

WOODLOCK PARK: SOCCER 1 SOCCER 2 TENNIS COURT 1 TENNIS COURT 2  
 BASEBALL FIELD 1 BASEBALL FIELD 2 BASEBALL FIELD 3 BASEBALL FIELD 4  
 PLAYGROUND BASKETBALL PAVILION BATHROOM ELECTRICITY WATER

COLLINS PARK: LACROSSE FIELD MULTI-PURPOSE WALKING TRAIL

**DAY(S) OF WEEK REQUESTED:** (please circle) MON TUES WED THURS FRI SAT SUN

**DATE(S) (to/from):** \_\_\_\_\_ **TIME (S)(to/from):** \_\_\_\_\_

**OTHER; PLEASE BE SPECIFIC:** \_\_\_\_\_

**DESCRIPTION OF EVENT (USE):** \_\_\_\_\_

APPROXIMATE NUMBER OF PARTICIPANTS: \_\_\_\_\_ APPROXIMATE NUMBER OF SPECTATORS: \_\_\_\_\_

ARE YOU CHARGING ADMISSION FOR YOUR EVENT? \_\_\_\_\_ IF SO, HOW MUCH: \$ \_\_\_\_\_

I (We) assume full responsibility for any damages to Town of Atkinson equipment and/or property that occur as a result of the requested use. Furthermore, I (We) understand that Town of Atkinson, its staff, and members of the Atkinson Recreation Department, (including but not limited to the Recreation Coordinator, Recreation Commission, Friends of Atkinson Recreation and any other volunteers and agent of the 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 Atkinson Recreation Department must provide a Certificate of Insurance, naming the Town of Atkinson, 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.

INSURANCE FORM ATTACHED? YES \_\_\_\_\_ NO \_\_\_\_\_ (if No, when will it be available? \_\_\_\_\_)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THE ABOVE APPLICATION IS HEREBY APPROVED UNDER THE CONDITIONS STATED**

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Approved by Recreation Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_ Security Deposit Check # \_\_\_\_\_ (if required)

Applicant Notified? \_\_\_\_\_ Date: \_\_\_\_\_ Other Charges: \_\_\_\_\_