



OFFICE of SELECTMEN

Town of Hollis

Seven Monument Square
Hollis, New Hampshire 03049
Tel. 465-2209 Fax 465-3701

Town of Hollis Facility Request Form

Name of Organization: _____

Nature of Organization: Town Committee _____ Private (Resident) _____
Hollis Nonprofit _____ Regional Nonprofit _____ Community Organization _____

Facilities available: Please indicate the facility you are requesting to use:

- Lawrence Barn Community Center (LBCC)
Town Hall, Community Room
Town Hall, Upper Town Hall

Please indicate nature of event: Meeting _____ Show/Exhibit _____ Social Gathering _____

*NOTE: The Town of Hollis does NOT have a license to show COPYRIGHTED movies.

Please describe: _____

Other: Please describe: _____

Please list date and time of event: ____/____/____ Time: _____ to _____

Total number attending: _____ Adults _____ Minors _____
Age range of minors: _____

Name of person responsible for event: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day (____) _____ Evening: (____) _____

I have read and understand the Town of Hollis Facility Rental and Usage Policy. I take responsibility to ensure that all participants adhere to the policy. I understand that a Certificate of Insurance must be filed with my request or I must sign a Facility Use Agreement and Release/Indemnification.

Signature of Responsible Party: _____ Date: _____

Please submit the completed form along with full payment to Hollis Town Hall located at 7 Monument Square, Hollis, NH.

For Office Use Only
Total Fee = \$ _____ Full payment received ____/____/____ Check # _____
Usage Fee \$ _____ Cleaning Deposit: \$ _____ Key Deposit \$ _____
Certificate of Insurance or Facility Use Agreement: Yes _____ No _____