

Reservation Application FOR USE OF BUTLER PARK

Town of Hillsborough, 27 School Street, Hillsborough NH 03244
Phone (603) 464-3877 / Fax (603) 464-4270 / Web www.hillsborough.nh.us

Reservation is for Butler Park

Name of Individual or Organization: _____

Non-Profit: _____ Yes, _____ No (if non-profit, applicant must provide documentation or proof)

Contact Person: _____

Phone #: _____ Cell #: _____ E-mail address: _____

Mailing Address: _____

Schedule of use (specific dates and times must be stated): _____

Date & Initial

Date & Initial

Security Deposit: \$100.00 **Received** _____ **Returned** _____

Usage fee: N/A **Received** _____

Insurance Certificate provided: **Yes** _____ **No** _____

Waiver authorized by the Board of Selectmen per recommendation of the Town Administrator (if no Insurance Certificate available): _____ Yes, _____ No _____ N/A

Will you need access to power? _____

Will Food be served? _____

Applicant Signature: _____ Date: _____

Printed Name: _____

*****Please note there are no sanitary facilities*****

To be completed by the Town Administrator:

Request is: _____ Approved _____ Denied _____ Date: _____

Security Deposit Received: \$ _____ Check# _____

Security Deposit Returned: \$ _____ Amount \$ _____

Signature: _____