



## Application for Facility Use Pelham School District

59a Marsh Road, Pelham, NH 03076  
Phone 603-635-1145  
www.pelhamsd.org

To be accepted, your application must be completed in full and signed. Please type or print the information clearly and legibly and attach maps, layouts and any other additional information. Please mail, fax, email or drop off your application using the contact information shown above.

### 1. APPLICANT INFORMATION

Sponsoring Organization Name:			
Mailing Address, City, State, Zip	Street Address:		
	City, State, Zip:		
Applicant Contact	Name:	Secondary Contact	Name:
	Title:		Title:
Phone:	Cell:	Phone:	Cell:
Email:		Email:	
Organization/Event Website (if applicable):		Is Organization a Non-Profit Entity?	Non-Profit ID #
		<input type="checkbox"/> Yes <input type="checkbox"/> No	-----

### 2. EVENT/PROGRAM INFORMATION

Event/Program Name:			
Facilities Requested:	Describe which facility you are requesting in detail (all, a portion of, etc.) and attach a sketch/map if required and describe what you need from the Department:		
Event/Program Dates: Indicate Dates/Times facility is requested including rain dates if applicable		Day(s) of the Week	Time of Day
Start Date	End Date		

3. EVENT/PROGRAM DETAILS		
Has this event occurred before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this an annual event? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many years has this event been occurring?
Are there any changes from previous years? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please describe changes from previous years:	
Event Type:	<input type="checkbox"/> Community Festival/Fair <input type="checkbox"/> Sporting Event <input type="checkbox"/> Wedding <input type="checkbox"/> Picnic <input type="checkbox"/> Run/Walk: <input type="checkbox"/> Performance Run/Walk Start Time: <input type="checkbox"/> Other:	Is admission charged? Yes <input type="checkbox"/> No <input type="checkbox"/> If a fundraising event, list benefactor: Expected Attendance:
Is this event open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please describe nature of event in detail:	
If a fundraising event, list anticipated revenues:		

4. EVENT/PROGRAM SITE PLAN/SKETCH						
At the discretion of Pelham School District, a map/sketch showing the layout of your event at the facility requested may be required with this application. If a map/sketch is required, please include the following information:						
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">1. Name of facility requested.</td> <td style="width: 50%; border: none;">2. Location of portable toilets (if applicable)</td> </tr> <tr> <td style="border: none;">3. The overall event area.</td> <td style="border: none;">4. Any other details you think would be helpful</td> </tr> <tr> <td style="border: none;">5. The location of all physical equipment being placed (tents, booths, vendors, etc.)</td> <td style="border: none;"></td> </tr> </table>	1. Name of facility requested.	2. Location of portable toilets (if applicable)	3. The overall event area.	4. Any other details you think would be helpful	5. The location of all physical equipment being placed (tents, booths, vendors, etc.)	
1. Name of facility requested.	2. Location of portable toilets (if applicable)					
3. The overall event area.	4. Any other details you think would be helpful					
5. The location of all physical equipment being placed (tents, booths, vendors, etc.)						

5. AMENITIES REQUESTED <span style="float: right;"><i>(Please check all that apply)</i></span>						
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Bathrooms</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Electrical Source</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Concession</td> <td style="border: none;"><input type="checkbox"/> Storage Space</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Athletic Field Lighting</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Electrical Source	<input type="checkbox"/> Concession	<input type="checkbox"/> Storage Space	<input type="checkbox"/> Athletic Field Lighting	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Electrical Source					
<input type="checkbox"/> Concession	<input type="checkbox"/> Storage Space					
<input type="checkbox"/> Athletic Field Lighting	<input type="checkbox"/> Other _____					

<b>6. VENDORS</b>	Does your event have vendors selling or distributing food, beverages, merchandise or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many? _____
-------------------	--	---------------------------

<b>7. AMPLIFIED SOUND/ MUSIC</b>	Does your event have any amplified sound? <input type="checkbox"/> Yes <input type="checkbox"/> No	What times are you requesting amplified sound? Start:                                    End:	Is electricity requested (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	---	--	---

# Application for Facility Use

## 8. INSURANCE

A Certificate of Liability Insurance naming the Pelham School District as an additional insured for the duration of the event in an amount no less than \$1,000,000 must be provided prior to the start of the event. Please e-mail the document to the [kchurchill@pelhamsd.org](mailto:kchurchill@pelhamsd.org)

## 9. SIGNATURE

I certify that the information provided on this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly. I have read the Rules and Regulations pertaining to facility use and will be present and responsible for their enforcement.

Applicant Signature:

Date:

Applicant Printed Name:

Street Address:

City, State, Zip:

*For Office Use Only:*