

TOWN OF CONWAY
Parks and Recreation
Facility & Field Use Application

Date of application _____

Date of Event _____

Time of Event _____

Rain/Snow Date _____

APPLICATION INFORMATION

Name of Organization

Phone _____

Address _____

Authorized Representative for Organization

Name _____ Title _____

Phone:Day _____ Evening _____ Cell _____

Email _____

Address _____

Alternate Contact Information

Name _____ Title _____

Phone:Day _____ Evening _____ Cell _____

Email _____

Address _____

NAME AND DESCRIPTION OF EVENT

LOCATION OF EVENT _____

By signing this contract I am agreeing to abide by all aspects of this agreement and its policies with the Town of Conway as well as agreeing to follow the guidelines set forth by the Governor of New Hampshire's Stay at Home 2.0 COVID-19 Reopening Guidance for amateur and youth sports.

Signature of Applicant _____

Printed Name _____

Date _____

Date and Time received by the Town of Conway _____