



Town of Bowdoinham

13 School St • Bowdoinham, ME 04008

Phone 666-5531 • Fax 666-5532

www.bowdoinham.com

Nicole Briand, Town Manager

REQUEST FOR USE OF FACILITIES

PERSON IN CHARGE: _____ RESIDENT: ___ YES ___ NO

ADDRESS: _____ TOWN: _____ ZIP: _____

FACILITY REQUESTED (*Circle One*): Gazebo Waterfront Town Hall Graduates Room Kendall Room

ORGANIZATION: _____

EMAIL: _____ PHONE # _____

EVENT OR PURPOSE: _____

TYPE OF EVENT (*Circle One*): Public Private FEE CHARGED (*Circle One*): N / Y \$ _____

OF PERSONS EXPECTED: _____ DATE: _____ HOURS OF USE: _____ TO _____

RENTAL FEE: \$ _____ DEPOSIT FEE: \$ _____

MAKE CHECKS PAYABLE TO: **TOWN OF BOWDOINHAM** – Credit Cards accepted with 2.5% processing fee

The person listed below is legally responsible for any and all action of the facilities users while they are at the above-listed Town of Bowdoinham facilities. The undersigned person will be held financially responsible for any and all damages to property caused by a member of his/her group. The person is responsible for his/her group's adherence to all permit guidelines, including those pertaining to alcohol use and the policies provided for the requested facility.

The person responsible hereby acknowledges that he/she has read, understands, and agrees to comply with the policies provided. The person responsible agrees to supply proof of insurance, as required by the policies. The person responsible further verifies that he/she is 21 years of age or older.

The person responsible hereby requests reservation of the facility above, for the date(s), times, and purposes shown. He/she, on behalf of organization, further agrees to hold harmless and completely indemnify the Town of Bowdoinham, its officers, agents, and employees, in any claim of personal injury or property damage in any way arising from the use of this facility.

SIGNATURE OF PERSON IN CHARGE: _____

OFFICE USE ONLY

Deposit Received: _____ Payment Received: _____ Method of Payment: _____

Deposit Returned: _____ Date Approved: _____ Approved By: _____

SPECIAL CONDITIONS: _____