New Hampshire Hospital
Request for Facility and/or Equipment Use

Date: _____

Name of Organization: _____

Contact Person: _____ **Phone:** Day: _____ Night: _____

Mailing Address:

_____

Email Address: _____

Additional authorized person(s) responsible for the group/organization, key pick up, and/or set-up and teardown of event:

Conference Rooms are available Monday – Friday 8:00 a.m. – 9:00 p.m. or by special exception.
The Howard Recreation Center is available daily 8:00 a.m. – 9 p.m.
Activities may be scheduled for up to 13 weeks.

NHH cannot accommodate those under age 18 in activities or as spectators.

☐ **APS Conference Room** _____ ☐ **Howard Recreation Center Auditorium** ☐ **Howard Recreation Center Gymnasium**

Purpose of Use: _____. **Note:** NHH reserves the right to reschedule/cancel usage within 24 hours of program date. You will be contacted at the phone number you have provided above. **Requests must be submitted three weeks in advance.** A decision will be emailed to you within ten days.

Date(s) Requested: Begin Date: _____ End Date: _____

Day(s) of Week: _____ **Time:** From: _____ to _____

Number of People Expected: _____ (Parking is limited to designated areas only)

HOWARD RECREATION CENTER PATRONS: You will be responsible for the setup and teardown of your event and leaving the facility in the condition you found it.

FOOD SERVICE: If you require food service for this event or your group will be dining in the NHH Cafeteria, please notify the Production Manager of Food & Nutrition Services at 271-5360.

MISC: WEAPONS, ALCOHOL OR ILLEGAL DRUGS (and persons under the influence of alcohol or drugs) are not permitted on the New Hampshire Hospital grounds. Anyone who violates this rule will be escorted off grounds by Campus Police and lose the right to any future use of the NHH facilities. Confiscation of contraband or weapons could result in criminal prosecution as a result of any NHH Campus police investigation. Also, remember to carry out all of the trash you bring in.

PLEASE RETURN THIS SIGNED COMPLETED FORM TO: Director of Rehabilitation Services, NHH, 36 Clinton St., Concord, NH 03301, or fax to (603) 271-5395. If you have any questions regarding this form please call (603) 271-5690.

I understand that I am responsible for the above conditions.

SIGNATURE: _____

For Office Use Only

Date Received: _____ Space Available: Yes _____ No _____

Approved: Yes No Director's Signature _____

Date Notice of Decision Was Sent: _____ Date Campus Police Notified: _____

Revised 4-17-14