

# Hollis Recreation

## Field and Facility Season Application

Application Date \_\_\_\_\_  
Season Dates \_\_\_\_\_ To \_\_\_\_\_ Number of Weeks \_\_\_\_\_

Organization Name \_\_\_\_\_ Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Is the Certificate of Insurance attached? Yes No

Percent of participants who are legal residents living in the Town of Hollis \_\_\_\_\_

Preferred day(s) of practices S M T W T F S

Duration of each practice session \_\_\_\_\_

Preferred day(s) of home games S M T W T F S

Number of Games each team will play at Hollis Recreation facilities \_\_\_\_\_

An official roster for each team must be submitted to the Hollis Recreation Department prior to the first practice session. The roster must include every participant along with the following fields

Participant Name:

Street Address:

Town:

State:

Please send a completed application by

Email to recreation@hollisnh.org

Or mail to Hollis Recreation Department, Hollis NH 03049