



# Beaver Brook Association

117 Ridge Road  
Hollis, New Hampshire 03049  
603-465-7787

Fax 603-465-9546

## Facility Reservation Form

- Name of Organization: \_\_\_\_\_ Nonprofit:  Yes  No
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Facilities available with capacity: Please indicate what facility you will be using.
  - Maple Hill Barn = 125 people
  - Spear Room = 30 people
  - Brown Lane Barn = 40 people
- Please list date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of: Arrival: \_\_\_\_:\_\_\_\_ am/pm Departure: \_\_\_\_:\_\_\_\_ am/pm
- Visitors: Total Number Attending: \_\_\_\_\_
- Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Age range of children: \_\_\_\_\_  
 ☆Please Note: At least one adult must be present for every 10 children

Person responsible for group:

Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

- Purpose of visit: Please explain what environmental educational component you plan to include as part of your activities.

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- I have read and understand the Facility Use Guidelines printed on the back of this form. I take responsibility to ensure all group members adhere to the rules and regulations of Beaver Brook Association.

\_\_\_\_\_  
Signature of Group Leader/Adult Responsible

\_\_\_\_\_  
Date

### *For Office Use Only*

Total Fee = \_\_\_\_\_ Deposit received on \_\_\_\_/\_\_\_\_/\_\_\_\_ Check# \_\_\_\_\_ Cleaning/Damage Deposit received: cc check

Full payment received on \_\_\_\_/\_\_\_\_/\_\_\_\_ Check# \_\_\_\_\_

Certificate of Insurance: Yes No BBA Program included: Yes No

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