The Town of Lincoln prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability, marital or family status. The Town of Lincoln is an equal opportunity employer.

Telephone: 603-745-8958
Fax: 603-745-6743
website: www.lincolnnh.org

Recreation Director:
Tara A. Tower, CPRP
Email: recreation@lincolnnh.org

Program Coordinator:
Dan Lamoureux
Email: communitycenter@lincolnnh.org

Permit for Use of the
Father Roger Bilodeau Community Center

Please Print

Organization or Group: ________________________________________________________

Contact Person: ____________________________________________________________

Address: __________________________________________________________________

Phone Numbers: ______________________ Email Address________________________

Event/Activity to be held: ____________________________________________________

Date(s) Requested: ____________________ Time(s) Requested: ____________________

Fee Charged to participants: __________________________

Areas/Equipment requested: ________________________________________________

Number of Participants Expected: _________________________

Comments or exceptions requested from guidelines: __________________________________________

Please note: Usage area should be inspected prior to use of the Father Roger Bilodeau Community Center. In using this area you are agreeing to return it in perfect condition. If it is not in perfect condition prior to your use, you need to report it at that time. The user shall properly clean the area after use, including all used items. The person that signs this usage form is fully responsible for making sure that all regulations are followed, and that all equipment is used for the purpose that it is intended. Users are responsible for any liability that is incurred as a result of this equipment. Any violation of these regulations will result in forfeiture of existing permits and denial of future use for designated user an organization.

Signature(s) of contact person(s), stating that you have read the above guidelines, as well as the “Guidelines for Use of the Father Roger Bilodeau Community Center”, and agree to abide by these.

Signature: ___________________________ Print: _______________ Date: __________

Signature: ___________________________ Print: _______________ Date: __________

_________________________________________________________________________________________

Approved by: ____________________ Date: __________ Certificate of Insurance Attached: _____