

Town of Seabrook, NH
SEABROOK COMMUNITY CENTER
COMMUNITY USE POLICY

USAGE PRIORITY LIST:

- 1st - Town Government Business – Coordinated by the Town Manager
- 2nd - Seabrook Recreation Department Activities
- 3rd - Other Departments under the Town Manager
- 4th - Others
 - Non-profit Organizations
 - Schools
 - Private Businesses
 - Private Function – birthdays, retirement, anniversaries, residential parties

Note: It needs to be understood that the Community Center could be closed for all regular activities and become an emergency shelter during anytime.

APPLICATION FOR USEAGE OF ANY ROOM OR FACILITY MUST BE SUBMITTED BEFORE GIVEN CONSIDERATION: Once any application is submitted, it will be reviewed by the Director of Recreation for approval. Application must include a description of the party/activity requests to occur. It must be understood that the event must happen during regular business hours (see current program schedule for times).

FUNCTIONS CAN NOT ALLOW

- Smoking in the building.
- Bringing and Consuming Alcohol or Control Substances.
(The Seabrook Community Center is a Alcohol Drug Free Zone)
- Anyone removing any equipment or furnishings from the building
- Use any other group's supplies or equipment stored at the center, even with the intent to replace them.
- Participants to possess weapons of any form.

GROUP RESPONSIBLITIES

1. Person/Group is responsible for all their participants of their function.
2. Person/Group responsible for any item(s) taken.
3. Person/Group responsible for cleaning up after their event, unless opting custodial services.
4. Person/Group is responsible for supplying their own supplies needed for their function.
5. Person/Group must make sure that their participants remain in their function and not access other areas of the building.

THERE WILL BE NO RENTAL FEES FOR:

1. Town Government Business
2. Recreation Department Activities and Direct Partners
3. Affiliated Sports Programs
4. Groups providing fundraising activities to benefit the Recreation Dept.

*Use of facilities by other groups and private party involve fees that are listed on the next page.

BELOW ARE THE FACILITY CHARGES:

Room	Capacity	Cost per Hr.	Custodial Costs-Min.	Deposit
Stage (not available)				
Entire Gym	545	\$55	\$200 set up/clean up	\$ 200
Half of the Gym	273	\$30	\$200 set up/clean up	\$ 200
Entire Multi w/Kitchen	95	\$50	\$200 set up/clean up	\$ 200
Each Section	32	\$20	\$170 set up/clean up	\$ 200
Kitchen		\$10	available w/ a room	
Tennis Courts	2 courts	\$25	N/A	\$50
Playground	50	\$25	N/A	\$50

Note: Group/Private party may need to hire special detail officer if they need to exceed “The Permit to Operate a Place of Assembly” issued by the fire department maximum number you will need to arrange and hire Seabrook police and fire details to cover your event. The maximum for the entire gym is 545 people and 95 for the entire multipurpose room.

Room	Dimension
Stage (not available)	22’x 28.5’
Entire Gym	75’x111’
Half of the Gym	75’x55.5’
Entire Multi w/Kitchen	33’x66’, plus 14’x18’8.5”
Each Section	33’x66’
Tennis Courts (2 courts)	Regulation courts
Playground	Approximately 40’x 88’

INSURANCE - Any Individual(s) or Group filing a facility request is responsible to obtain liability insurance to cover their event, participants, and workers prior to the day of the event.

Any Individual(s) or Group sponsoring the event must have an active policy of a minimum of (\$1,000,000) one million dollars of liability insurance coverage for the event.

Any Individual(s) or Group approved for usage must provide a certificate of insurance, naming the Town of Seabrook as the holder.

If a Group/or private party requesting facility usage, does not already have liability insurance, they can opt to purchase an insurance policy through the TULIP Program offered online by getting permission from the Recreation Department. Groups/Individual(s) must show proof of payment.

Charges:

Room Use:	
Custodial	
Insurance	
Utilities	
Deposit	
Total Estimate Charges	

Date of Event: _____

Time of the Event:

Rooms Requesting:

Name _____ Contact _____

Phone Number _____ best time to call _____

Address _____
Number/Street City State Zip Code

Number of people expected _____ Age group _____

Describe the activity planned: _____

Furnishings needed:

Items Requested	Number needed
Chairs	
8' tables	
6' tables	
Card Tables	
Sound System	
Number of Microphones	
Table stands for microphones	
Floor stand for microphones	

(A diagram must be attached if you are paying to have your activity set up and taken down)

As representative, I take full responsibility for any damage, theft or injury that occurs during my function. I understand that my activity must end before the building closes, which includes cleaning up and put the tables and chairs back where they were found.

Print Name/ Signature

Date

Witness Name/ Signature

Date