



Sandlot Event Center 33 Sandlot Way Sandown NH 03873

RENTAL APPLICATION AND CONTRACT

DATE OF EVENT _____

TIME OF EVENT _____

TYPE OF FUNCTION _____

NUMBER OF GUESTS _____

RENTER INFORMATION

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

Your event date will be reserved upon full payment. Please write a check to Sandlot and mail to P.O. Box 500 Sandown NH 03873 Or Pay online with your credit card or ACH payment.

Please read and sign below:

I have read the Sandlot Policies and Usage relating to the facility rental and agree to abide by them.

I agree to hold Sandlot, its agents and employees harmless for any loss, damage or injury incurred during the time I have reserved the facility for my event.

Failure to comply with the requirements of this contract shall result in cancellation of this application or event.

Signature _____ Date _____

To make an appointment for the function facilities, please call or text Karen Jortberg @ 978-994-0375 If unavailable, call Linda Mencis @ 603-770-3296