

# Lakes Region Conservation Trust

## Request Form for Event/Program/Activity on LRCT Property

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Thank you for your interest in holding an event, program, or activity on a property owned by the Lakes Region Conservation Trust. In order to consider your request, we need you to provide us with the information outlined below at least 2 months in advance of the proposed event/program/activity. We will review your request and respond to you as soon as possible. If you have any questions, please contact LRCT at 603-253-3301 or lrct@lrct.org.

**Organization Submitting Request:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_  
(name, address, phone, e-mail address) \_\_\_\_\_  
\_\_\_\_\_

**Date and Time of Event/Program/Activity:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Location of Event/Program/Activity** \_\_\_\_\_  
(name of LRCT property; specific location \_\_\_\_\_  
on property; if location cannot be identified by \_\_\_\_\_  
specific name, such as trail name, please provide \_\_\_\_\_  
map indicating location) \_\_\_\_\_  
\_\_\_\_\_

**Description of Event/Program/Activity:** \_\_\_\_\_  
(description should specify equipment or \_\_\_\_\_  
materials that will be brought to or left on \_\_\_\_\_  
property) \_\_\_\_\_  
\_\_\_\_\_

**How will your organization ensure participant safety?** \_\_\_\_\_  
\_\_\_\_\_

Does your organization carry insurance for this type of event/program/activity?  Yes  No  
(If yes, you will be asked to provide LRCT with a copy of your insurance certificate.) Will a fee be charged for the event/program/activity?  Yes  No  
If a fee will be charged, please specify the services, materials, etc. the participants would be charged for: \_\_\_\_\_

Would you be willing to supply LRCT with the names and addresses of the participants or to distribute information regarding LRCT to the participants?  Yes  No

**Please return this form to: Lakes Region Conservation Trust, PO Box 766, Center Harbor, NH 03226**

**For LRCT Use Only:**  
 The event/program/activity described above has been approved by LRCT.  
 The event/program/activity described above has been approved by LRCT with the following modifications: \_\_\_\_\_  
 The event/program/activity described above has not been approved by LRCT.

**Signed:** \_\_\_\_\_  
LRCT President, or Designee Date