

**Town of Hopkinton
2019 Fair Parking Application**

Groups Name: _____

Day(s) Requested: ___ Friday ___ Saturday ___ Sunday ___ Monday

Type of Group: ___ Entity established by the Town of Hopkinton
 ___ A Hopkinton School team/club
 ___ A Hopkinton registered nonprofit charity

Person Responsible for Group:

Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Role in Group: _____

Mission of the group:

Please state the mission of your group:

Certification of ability to meet requirements:

I have read and understand the Town of Hopkinton George Park Town Property Parking for the Fair Policy and guarantee that my organization named above is able to meet the requirements to park cars on the day(s) requested above.

Signed: _____ Date: _____

Printed Name: _____ Role in Organization: _____

Return by June 20, 2019 to:

Fair Parking
Town of Hopkinton
330 Main Street
Hopkinton, NH 03229
townadmin@hopkinton-nh.gov