2020 FISHING TOURNAMENT
LAUNCH REQUEST

ORGANIZATION: ______________________ CONTACT: ______________________
ADDRESS: ______________________ TEL #: ______________________

DATE REQUEST REC’D: ___________ DATE(S) OF EVENTS: ______________________
START/END TIME: ______________________

LAUNCH AREA(S) REQUESTED: ______________________
NO. OF BOATS/TRAILERS: ______________________
LIABILITY INSURANCE HOLDER & POLICY #: ______________________
ADDITIONAL REQUEST(S) & INFORMATION PROVIDED: ______________________

TOURNAMENT FEE: $ ___________
CHECK #: ___________ DATE REC’D: ___________

FEE RECEIVED: ______________________ SCHEDULED MEETING: ______________________

(Moultonborough Police & Fire Dept: Please review the attached request and return your comment/recommendation to the Selectmen no later than: ______________________)

MOULTONBOROUGH POLICE DEPT.: ______________________

MOULTONBOROUGH FIRE DEPT.: ______________________

DATE OF SELECTMEN’S MEETING: ______________________

STIPULATIONS: ______________________

THIS REQUEST IS: ______ DENIED ______ APPROVED

DATE OF APPROVAL/DENIAL SENT: ______________________

DATE NH FISH & GAME NOTIFIED: ______________________