

NORTHFIELD, VERMONT 05663

Δ NORTHFIELD MEMORIAL PARK

Δ NORTHFIELD FALLS FIELDS

APPLICATION FOR USE OF THE RECREATION FACILITIES

Name of organization: _____

Person accepting responsibility: _____

Address: _____ Phone #: _____

*Date(s) of event(s): _____

Between hours of _____ and _____

*Please list additional times and dates on back of sheet

Purpose of request: _____

Number of people expected: _____

Name of Insurance Company (if required): _____

Policy Number: _____

Please check the appropriate location/equipment requested:

I understand that I may be billed for additional maintenance time for clean up after use and/or life guard time if needed. I will also take responsibility for repairs and/or replacement of damaged equipment.

- | | |
|-----------------------------------|---|
| _____ Pool | _____ Ball Field - Falls 1(closest to concession stand) |
| _____ Volleyball field at Falls | _____ Ball Field - Falls 2 |
| _____ Playground at Memorial Park | _____ Ball Field - Memorial Park1 (with scoreboard) |
| _____ Basketball Court | _____ Ball Field - Memorial Park 2 |
| _____ Picnic Tables | _____ Porta-Potty |
| _____ Grills | |
| _____ Other (list) _____ | |

Signature of person completing this form: _____

Date application submitted: _____

___ *Maintenance person required ___ *Lifeguard needed ___How many? (1 to 10 ratio)

___ Police officer required (fee per PD) ___ Certificate of insurance

___ Billing

*There will be overtime charges for services.

I hereby sign a waiver of any liability for the Town of Northfield and its Officers for any injury or damages suffered by a participant or spectator. The maintenance or other staff will not be responsible for maintaining conditions of walkways or parking lots or other portions of the parks environment before, during or after any activity which is being held beyond the normal work day.

Signature of Responsible Party

Date

Phone Number

MAIL BACK TO: Municipal Building, 51 South Main St., Northfield, VT. 05663 earmark:recreation
CANCELLATION NOTICE IS REQUIRED AT LEAST 24 HOURS IN ADVANCE OR PAYMENT WILL NOT BE REFUNDED