

Newbury Recreation Committee Town of Newbury

Field Permit Application

League/Team Name: _____	Application Date: _____
League Presidents Name: _____	Applicants Name: _____
Presidents Address: _____	Address: _____
Email: _____	Email Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
# of Teams: 	# of Players:



Field Name	Start Date	End Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Manter Fields			/	/	/	/	/	/	/
2 Manter Fields			/	/	/	/	/	/	/
3 Manter Fields			/	/	/	/	/	/	/
4 Manter Fields			/	/	/	/	/	/	/
5 Manter Fields			/	/	/	/	/	/	/
5a Manter Fields			/	/	/	/	/	/	/
Other / Special			/	/	/	/	/	/	/
			/	/	/	/	/	/	/
			/	/	/	/	/	/	/

It is expressly understood and agreed that the Regulations of the Recreation Committee are to be strictly complied with, and that the undersigned assumes full responsibility for any damage to, or loss of, Town property in consequence of such use of the facilities as described above, and engages to make the same good without expense to the Town. It is also understood failure to use the permit for time and date granted without informing the Recreation Committee at least 24 hours in advance could result in loss of future permits. Permits may be revoked for failure to comply with all park regulations or failure to comply with all park regulations. **PAPERWORK AND PAYMENTS MADE OUT AND SENT TO: TOWN OF NEWBURY, TREASURER/COLLECTORS OFFICE, 25 HIGH ROAD, NEWBURY MA 01951**

Applicants Signature _____	Date _____
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OFFICE USE ONLY

<u>FEE SCHEDULE</u>	<u>REQUIREMENTS</u>
(Town League) _____	Copy of Insurance _____ Authorized _____ Denied _____
# of Participants _____ X \$35 = \$ _____	
(Outside User) _____	
# of Hours _____ X \$50 = \$ _____	
Special Event / Other _____ \$ _____	
TOTAL AMOUNT DUE _____	
Date Paid _____	Recreation Committee Approval _____ Date _____
Check # _____	

The undersigned applicant acknowledges receipt of the Town's Playing Field and Facility Permit Policy.

Print Name and Sign _____	Date _____
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