Town of Saugus Massachusetts

Youth & Recreation Department

FIELD PERMIT REQUEST FORM

Organization Name: _____

- The Undersigned is applying on behalf of –

Field Requested: _____

- A Separate form is required for each field –

Purpose of Request / Sport: _____

_____

- **Single Date Request** _____
  Check

Date of Requested Field Use: _____ _____ _____ _____
Day *Month* *Date* *Year*

Rain Date: _____ _____ _____ _____
Day *Month* *Date* *Year*

_____

- **Multi Date Request** _____*
  Check

From (Date): _____ ***To (Date):*** _____

* ***For a multi- day request, please attach a separate document / league schedule, which includes the following information;***

- ✓ ***Specific Dates of your Request***
- ✓ ***Specific Times per Date***
- ✓ ***Specific Activity per Date & Time (Practice / Game / Event)***

_____

By signing below, I am acknowledging that I fully understand and agree that the regulations specified in the "Saugus Youth & Recreation Permit Policy" are to be strictly complied with, and that the undersigned herby assumes full responsibility for any damages to, or loss of, Saugus Town property, in consequence of such use of the accommodations described above, and engages to make the same good without expense to the Town. The undersigned also further agrees to pay promptly, such charges as may be made for the accommodation requested.

Applicants Name: (Print) _____ **Position in Organization:** _____

Mailing Address: _____

Contact Info: __ **Cell #:** _____ | __ **Home #:** _____ | __ **Work #:** _____

Please indicate best way to reach you by placing a check mark <u>before</u> the number

Email Address: _____

Applicants Signature: _____

_____

- Internal Use -

Application Approved By: _____ ***Date Approved*** _____

Saugus Youth & Recreation Department

Insurance Certificate Received / On File: _____

Fee Charged: $_____ | **Fee Collected: $**_____ **Check # / Cash:** _____ **Collected By:** _____

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FIELD PERMIT REQUEST INSTRUCTIONS

Please forward the following documents;

- ✓ **Field Permit Request Form - Completed & Signed (*Document above*)**
- ✓ **Separate Detailed Schedule (*If multiple dates are requested*)**
- ✓ **Copy of Insurance Binder**
- ❖ **If you are an organization with less than 100% Saugus residence in your program, please include your program roster(s) for review as well.**

To the Saugus Youth & Recreation Department via Mail, Fax, or email (*if scanned with Signature*) to the;

- ➢ **Attention of Phil Rando**

- MAIL

Town of Saugus Massachusetts
Youth & Recreation Center
400 Central Street
Saugus, MA 01906

- FAX

781-231-4100

- EMAIL

youthrec@saugus-ma.gov