



FACILITY/FIELD PERMIT

APPLICANT'S NAME: _____

ADDRESS: _____

CONTACT INFO: CELL _____ HOME _____ E-MAIL _____

PURPOSE OF USE: _____ PRACTICE _____ GAME _____ OTHER (Describe) _____

FACILITY: _____ PICNIC AREA _____ PLAYGROUND _____ ATHLETIC FIELD
_____ LARGE DIAMOND _____ SMALL DIAMOND

ONE-TIME USE:

DATE: _____ TIME: _____

RECURRING USE:

DAY(S) OF WEEK: _____ TIME: _____

START DATE: _____ STOP DATE: _____

An organization or team represented by the applicant has all rights and privileges to use the facility/field for the purpose stated on this permit. Programs operated by the Town of Washington Grove have priority over any and all other uses. Should the facility be needed for a Town purpose, adequate notice will be given to the applicant if possible. Failure to abide by these provisions will result in future use of the facility/field being denied. Multiple-time use has additional conditions found in Resolution 2013-07.

NOTE: public bathrooms are now locked. Please ask for the combination.

*****NOTE TO USER: It is your responsibility:

TO KEEP THIS PERMIT WITH YOU AT ALL TIMES WHEN USING THE FACILITY/FIELD.

To cancel activity if facility has been posted for non-use due to adverse field conditions.

To abide by the REGULATIONS FOR THE USE OF WOODWARD PARK AND SPORTS FACILITIES (RESOLUTION NO. 2013-07)

To leave the immediate area free of trash and in a presentable condition.

To report any damage or problems sharing the field to; _____

To prohibit alcoholic beverages without a valid alcohol permit executed by the Mayor.

To prohibit charging of admission fees.

To keep amplified music and all noise to a reasonable level, to avoid disturbing neighboring residents.

To use the facilities only between 8:00 a.m. and 8:30 p.m. or dusk, whichever comes first.

To park only in graveled parking areas along Oak Street (25 cars max). Parking is not permitted along Grove Rd.

I have read the above and agree to abide by the provisions listed.

Signature of Applicant _____

Date: _____

Permit Granted _____

Date: _____

(Town Representative)

Deposit Check Rcvd. \$ _____