



TOWN OF ORLEANS

PARKS & BEACHES DEPARTMENT

139 MAIN STREET, ORLEANS, MASSACHUSETTS 02653
 Telephone (508) 240-3700 ext. 465 Fax (508) 240-3711
 www.town.orleans.ma.us
 parks@town.orleans.ma.us

PAUL O. FULCHER
 SUPERINTENDENT

NAUSET BEACH
 MAY 1 – COLUMBUS DAY
 (508) 240-3780

**ALL APPLICATIONS WITH PAYMENT (IF APPLICABLE) MUST BE IN THE
 PARKS & BEACHES OFFICE 10 WORKING DAYS PRIOR TO THE EVENT FOR APPROVAL.**

APPLICATION FOR FIELD/FACILITY USE

Organization/Group/Person: _____ Telephone #: _____
 Local Sponsor: _____ Fax #: _____
 Address: _____ Profit/Non-profit: _____
 _____ IRS #: _____

| | |
|---|--|
| Field requested (please check) Eldredge Field: <input type="checkbox"/> Leo P. Miller Field: <input type="checkbox"/> Volunteer Field: <input type="checkbox"/> Whitey Dunham Field: <input type="checkbox"/> Charles Moore Bandstand: <input type="checkbox"/> Announcer's Booth: <input type="checkbox"/> Eldredge Field Restrooms: <input type="checkbox"/> Lights: <input type="checkbox"/> Eldredge Field Tennis Courts: <input type="checkbox"/> Playground: <input type="checkbox"/> Elementary School Tennis Courts: <input type="checkbox"/> Scoreboard: <input type="checkbox"/> | Purpose: Baseball: _____ Concert: _____ Football: _____ Soccer: _____ Softball: _____ Tennis: _____ Other: _____ |
|---|--|

| | |
|--|--|
| Day/Dates requested (include rain date) _____ <i>(Attach schedule if applicable.)</i> | Hours needed (include prep/dismantle time) From _____ AM/PM To _____ AM/PM |
|--|--|

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|--|--|----------------------|--------------------------|-----------|--------------------------|---------------------|--------------------------|------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|
| Total number of people expected: _____ Maximum number of people at one time: _____ Will food be served: _____ Will tents be erected or temporary electric be required: _____ Will funds be raised or admission charged: _____ For what purpose will funds be raised/ admission charged: _____ | Approval by the following may be required before this application is approved. <table style="width: 100%;"> <tr> <td>Town Administrator</td><td><input type="checkbox"/></td> <td>Selectmen</td><td><input type="checkbox"/></td> </tr> <tr> <td>Liability Insurance</td><td><input type="checkbox"/></td> <td>Fire Chief</td><td><input type="checkbox"/></td> </tr> <tr> <td>Health Department</td><td><input type="checkbox"/></td> <td>Police Chief</td><td><input type="checkbox"/></td> </tr> <tr> <td>Building Department</td><td><input type="checkbox"/></td> <td>Nauset Middle School</td><td><input type="checkbox"/></td> </tr> </table> | Town Administrator | <input type="checkbox"/> | Selectmen | <input type="checkbox"/> | Liability Insurance | <input type="checkbox"/> | Fire Chief | <input type="checkbox"/> | Health Department | <input type="checkbox"/> | Police Chief | <input type="checkbox"/> | Building Department | <input type="checkbox"/> | Nauset Middle School | <input type="checkbox"/> |
| Town Administrator | <input type="checkbox"/> | Selectmen | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Liability Insurance | <input type="checkbox"/> | Fire Chief | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Health Department | <input type="checkbox"/> | Police Chief | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Building Department | <input type="checkbox"/> | Nauset Middle School | <input type="checkbox"/> | | | | | | | | | | | | | | |

I have read the rules and regulations for beaches and parks and understand and acknowledge that any expenses or damages to Town property will be incurred by my organization and that any violation may jeopardize continued use of facilities. Upon entry or use of any of the property of Town parks by any person(s) shall constitute a release by such person of the Town of Orleans, its agents or servant from any and all claims for personal injuries or property damage sustained upon such park and such release shall be binding upon such person(s), his personal representatives, and all persons claiming through or under him.

Signature of applicant _____ Date _____

Person(s) responsible for the obligations of the group and to whom a bill, if applicable, will be sent.

Name: _____ Telephone: _____
 Address: _____

This application is recommended for approval / disapproval and reservation made according to the above information with the understanding that the Town of Orleans Parks & Beaches Rules and Regulations will be followed:

Park Superintendent _____ Date _____

cc: Selectmen _____ Fire Chief _____ Health Dept. _____ Cons. Com. _____
 Town Admin. _____ Police Chief _____ Bldg Dept. _____ Rec. Dir. _____

OFFICE USE ONLY DATE RECEIVED: _____ DATE MAILED/FAXED: _____ ADDED TO CALENDAR: _____