



TOWN OF NORTH YARMOUTH  
PARKS & RECREATION COMMITTEE  
FIELD USE FORM

829-3705 Office

829-3743 Fax

Sharp's Field  Old Town House Park  Wescustogo Park

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Non-Profit Tax #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

It is requested that \_\_\_\_\_ be permitted on \_\_\_\_\_  
(Organization) (Dates)

to use the above marked field between the hours of \_\_\_\_\_ AM / PM & \_\_\_\_\_ AM / PM.

Approximate number of participants: \_\_\_\_\_. Submit a plan for vehicle parking if the number parking exceeds the specific field parking lot configuration.

Describe Activity: \_\_\_\_\_

Indicate that a representative from this Organization has physically been at the requested location and recognizes what is there and what conditions exist there. \_\_\_\_\_ (initial).

**Groups not covered under the Town of North Yarmouth insurance policy:**

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

**(Please attach a copy of certificate of insurance naming the Town of North Yarmouth as an additional insured on the policy.)**



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GUIDELINES FOR USE

- + Reservations must be made with the Town of North Yarmouth with an outline of event plans no later than 2 weeks prior to the proposed use of the facility.
- + Applicant will abide by all County, Town and other ordinances, rules of the State Board of Health, Police, and Fire regarding public assemblies.
- + We agree the facilities will be left in the same good condition they were found in.
- + We agree to ensure adult supervisor will stay until the last child is picked up.
- + We agree to be financially responsible for any damage arising out of use of the facilities.
- + We agree that our organization will at all times hereafter indemnify the above named Town of North Yarmouth against any loss, damage or expense of any kind, which said Town may sustain or incur because of use of the above described facilities by our organization and will further hold said town harmless for loss of any kind of connection therewith.
- + We understand all Town of North Yarmouth sponsored activities have priority of the facilities and will check with said activities for facilities availability.
- + We agree to pay any use fees, if applicable, to the Town of North Yarmouth.

\_\_\_\_\_  
(Signature) (Date)

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Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Fee Required \_\_\_\_\_ Waived \_\_\_\_\_

\_\_\_\_\_  
Town Manager Date