

BRUNSWICK PARKS & RECREATION DEPARTMENT
FACILITY APPLICATION FORM

Date: _____ Facility Type: Outdoor _____ Indoor _____

This application must be returned at least one week before date(s) requested for approval.

Name of Agency/Organization _____

Address _____ Phone _____

Person representing agency _____ Home/Cell Phone _____

Does your organization require dues? ___yes ___no If yes, amount \$ _____

Check areas you plan to use:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Recreation Center | 3. <input type="checkbox"/> HBS Football Field | 7. <input type="checkbox"/> Bikepath |
| <input type="checkbox"/> Main Court <input type="checkbox"/> Small Court | 4. <input type="checkbox"/> Lishness Field | 8. <input type="checkbox"/> Shulman Field |
| <input type="checkbox"/> Fitness area | 5. <input type="checkbox"/> Edwards Field | 9. <input type="checkbox"/> Wildwood Field |
| <input type="checkbox"/> Full Facility <input type="checkbox"/> Lobby | 6. <input type="checkbox"/> Crimmins Field | 10. <input type="checkbox"/> Other _____ |

For what use? _____

Number of people expected: _____

List all dates, times, & months you will need facility. If applicable, please attach program schedules:

While using this facility, I agree to abide by the following regulations:

- There is NO SMOKING in any area of the Recreation Center Building
- Provide a certificate of insurance naming Town of Brunswick as an additional insured, with a minimum \$1 million general liability per occurrence, and \$2 million in general aggregate.
- Any group meeting or activity must vacate the Recreation Center by closing time or be charged \$40.00 per hour after that time
- The use of any equipment for special activities must be arranged for in advance.
- Any group using a recreation facility is responsible for any damages or missing property which occur during the time our facility is in their use.

Applicant's Signature _____

Address _____

Approved by:

Assistant Director – Troy Smith

Parks and Recreation Director – Tom Farrell

Parks & Facilities Manager – Jay Astle

Charges: \$ _____

Department Comments:

