

# TOWN FACILITIES REQUEST FORM

## INSTRUCTION SHEET



**Please read the instructions prior to filling out the Facility Use form.**

1. Print your name, address and a telephone number at which you can be reached during 8:00 a.m. to 5:00 p.m. Monday through Thursday.
2. Check off the facility/facilities you wish to use.
3. Requested use – please be specific as to the nature of the use and/or if you are representing a specific league or organization.
4. Special circumstances – (a) address needs which may not be currently available, i.e., need for a tent, chairs, bleachers, decorations, etc. (b) give an estimated attendance which is needed to determine such things as crowd control and parking.
5. Provisions for cleanup – there is no charge for normal field maintenance such as lining fields or mowing grass. However, if you plan on decorating or placing items on the field, the town will assess a fee if town workers are required to provide the service to restore the facility to its original state.

If there are no conflicts with other activities or fees assessed, the Town Administrator, or his/her Representative, will make every effort to authorize this request within three (3) business days. If a conflict is determined or fees are required, this request will be presented at the next meeting of the Board of Selectmen. Special meetings can be arranged for extenuating circumstances.

**Applicant name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### Facility Requested: (CHECK LOCATION)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Adams Visitors Center</b> , Hoosac Street                                   | <input type="checkbox"/> <b>Siara Street Field</b> , Siara Street                            |
| <input type="checkbox"/> <b>Town Common</b> , Commercial, Center St.                                    | <input type="checkbox"/> <b>Memorial Park East</b> , Columbia Street                         |
| <input type="checkbox"/> <b>Renfrew Field</b> , Columbia, Friend, Burt St.<br>*Games Only, No Practice* | <input type="checkbox"/> <b>Memorial Park West</b> , Columbia Street                         |
| <input type="checkbox"/> <b>Beaver Bard Park</b> , Valley, Lincoln Streets                              | <input type="checkbox"/> <b>Town Hall Lawn or Building</b> , Park Street                     |
| <input type="checkbox"/> <b>Russell Field</b> , Fisk Street   | <input type="checkbox"/> <b>Bowe Field Playground</b> , Howland Ave &<br>Old Columbia Street |
| <input type="checkbox"/> <b>Reid Field</b> , Sparrow Street   | <input type="checkbox"/> <b>Memorial School</b> , Columbia Street                            |
| <input type="checkbox"/> <b>Valley Street Field</b> , Lincoln Street                                    | <input type="checkbox"/> <b>Greylock Glen</b>  |
| <input type="checkbox"/> <b>Armory Court</b> , Park Street  | <input type="checkbox"/> <b>Adams Train Station</b> , E. Hoosac Street                       |
| <input type="checkbox"/> <b>Quality Street Field</b> , Quality Street                                   | <input type="checkbox"/> <b>Other Town Property</b> _____                                    |

## TOWN FACILITIES REQUEST FORM

Date(s) of Use: \_\_\_\_\_

Hour(s) of Use: \_\_\_\_\_.

Requested Use: \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

Number of Participants/Attendees: \_\_\_\_\_

Provisions for Cleanup: \_\_\_\_\_

**This application will not be processed without the following information. Liability insurance is required by our insurance carrier.**

Insurance: \_\_\_\_\_ (Attach certificate of active policy)

Name of Insured: \_\_\_\_\_

Policy number or Insurer: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

**Alcoholic beverages are not allowed on premises unless a special license has been obtained from the Board of Selectmen.** Do you want to obtain a special license? Yes ☐ No ☐

**Special Fees:** *Town Common Use* for non-residents \$ 10.00

*Daytime Field use* (6 hours maximum) \$ 50.00

*Nighttime Field use* \$ 75.00

*Police Officers* x \_\_\_\_\_ (per patrol person)  
Subject to town policy \$ \_\_\_\_\_

*Field Maintenance* Subject to town policy \$ \_\_\_\_\_

**Total cost** \$ \_\_\_\_\_

The Town of Adams allows “free” use of its facilities to:

- Non-profit town affiliated functions (i.e. youth/high school sports programs, PAL field day, etc.)
- Town residents: (i.e. weddings at the town common, etc.)

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## RULES GOVERNING USE OF TOWN FACILITIES

1. ***Absolutely No Alcohol*** to be consumed on premises unless a special license has been obtained from the Board of Selectmen.
2. ***No alterations*** to structures or grounds.
3. ***Property must be kept clean*** and returned in clean, useable form.
4. ***Events and activities must be conducted in a well-controlled, responsible manner.***

I/We hereby, by myself, heirs, executors, administrators and officials, release and hold harmless the Town of Adams from all liability arising out of my/our use of the town facilities as requested above. I/We accept responsibility for damages to the property.

I/We waive and release any and all rights and claims for damages I/We or my/our guests may have against the town of Adams for injuries as a consequence of my/our use of the town facilities.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name (Printed)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief of Police** **Approve** ☐ **Disapprove** ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Town Administrator** **Approve** ☐ **Disapprove** ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Property or Building Manager** **Approve** ☐ **Disapprove** ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**DPW/Parks/Building Mgr.** **Approve** ☐ **Disapprove** ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Parks Commissioner Signature** **Approve** ☐ **Disapprove** ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Board of Selectmen** **Approve** ☐ **Disapprove** ☐

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# TOWN FACILITIES REQUEST FORM

## SPORTS REQUESTS

**Board of Directors:** (Name and Phone Number):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Number of Coaches: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

### **Financial Summary:**

#### **Income**

a) Fundraising Total: \_\_\_\_\_

b) Fees Collected: \_\_\_\_\_

c) Other: \_\_\_\_\_

**Total Income:** \_\_\_\_\_

#### **Expenses**

d) Insurance, Charter Fees \_\_\_\_\_

e) Tournament Fees \_\_\_\_\_

f) Equipment, Supplies Fees \_\_\_\_\_

g) Maintenance Fees \_\_\_\_\_

h) Officials Fees \_\_\_\_\_

i) Other Costs \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_