



CITY OF WALTHAM - RECREATION DEPARTMENT

2018 ATHLETIC FIELD AND RECREATION FACILITY PERMIT APPLICATION

League Affiliation & Team Name: _____

Permit Request For: Girls Boys Women Men Co-Ed

Type of Activity: Soccer Softball Baseball Lacrosse Other

Type of Event: Practice Game Tournament Clinic Special Event

If Other or Special Event - Description: _____

Fee Charged: No Yes If Yes, what amount per participant: \$ _____

Contact Person: _____
(INDIVIDUAL'S NAME ON PERMIT - RESPONSIBLE FOR ORGANIZATION)

Mailing Address: _____
(Street) (City) (Zip Code)

Primary Phone: _____ Please Circle: Cell Work Home

Secondary Phone _____ Please Circle: Cell Work Home

Email Address: _____

Athletic Field/Recreational Facility: _____

Facility Location: _____

Date(s) Requested _____

Day(s) of week: _____ Start Time: _____ End Time: _____

Number of Participants: _____ Estimated number of spectators: _____

The 2018 fee for reserving an athletic field or recreational facility for the standard 2 hour block is \$125.00. Additional fees may apply for tournaments, clinics, camps, and special events, to be determined by the Director of Recreation.

My signature acknowledges that I have read and have received a copy of all rules, regulations, policies and procedures pertaining to facility usage and agree to accept responsibility for the group issued the permit.

Signature _____

Date _____

