



## APPLICATION FOR USE OF FIELD OF DREAMS

Fee: \$50.00\*

Applicant/Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Representing (Self, Group, Company, Church, Etc.): \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel. (Work) \_\_\_\_\_ Tel. (Home) \_\_\_\_\_

Date of Use: \_\_\_\_\_  
*Date & Day of the Week*                      *Month*                      *Year*

Number of individuals expected to attend: \_\_\_\_\_ Number of cars expected: \_\_\_\_\_

Time of event: Arrival Time: \_\_\_\_\_ a.m. or p.m. Departure Time: \_\_\_\_\_ a.m. or p.m.

Please remove any trash that your outing may generate. Applicants will be billed for any trash left behind that the Town has to remove. **No alcoholic beverages are allowed at the Field of Dreams.**

\$ \_\_\_\_\_ received in payment for Field of Dreams rental .

\_\_\_\_\_ Hold Harmless Agreement received.

\_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant's Signature*

Approval for use by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chairman, Board of Selectman*

\* Repair of any damage caused to the Field of Dreams as a result of negligent use of the fields will be billed to the applicant.

Return Form with check to: Board of Selectmen, Town Hall, 30 Martin Street, Essex, MA 01929