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