



FIELD/FACILITY PERMIT APPLICATION

| Today's Date: | | | | | | |
|--|---|--|--|--|--|--|
| Organization/Team/Business/Individual: (All Information ne | eds to be complete, specific and accurate) | | | | | |
| Organization Name: | Organization Phone: | | | | | |
| Address: | City, State, Zip | | | | | |
| Contact Name: | Cell Phone: | | | | | |
| Email Address: | Home Phone: | | | | | |
| Sports/Camps/Meetings: (for multiple dates attach a schedule or | r list dates on separate sheet of paper) | | | | | |
| Type of Event: (check off those that apply) PracticeGameTournament | CampMeeting Other: | | | | | |
| Type of Field/Facility Requested: (check ones that apply) Mow many of each needed? (place number on line next to type) Soccer: (U10 U12 Regulation) | | | | | | |
| Location of Facility Requested: (circle ones that apply) Dorset Athletic FieldsJaycee ParkFar | rell ParkO'Brien Center Other: | | | | | |
| Date(s) Requested: From: To: | Time of Day Requested: From: To: | | | | | |
| Day(s) of Week Requested: | Lights Needed: (only available at Jaycee Park Ball Field) YES NO (extra fee is required) | | | | | |
| Estimated Number of Participants: Total Number: # of Youth: | # of Adults: # of SB Residents: | | | | | |
| Additional Amenities that are needed: (check off those that apply) Electricity: Half Day Full Day Amplified Music/Sound, Inflatables, Entertainment Vendors Tent(s): | (\$40 half day, \$60 Full day) (Must fill out section below- Amplified Music/Sound. Fees apply) (Vendor Permit required thru the Rec. Dept. Fees apply) (Tent Permit required thru Fire Dept. for tents over 200sf. Fees apply) | | | | | |
| Amplified Music/Sound Information: (to be filled out if requesting use | of amplified music or sound) | | | | | |
| Type of Sound or Music: (check those that apply) Live Music/Band DJ or Radio Station | CD/I-pod Other: | | | | | |
| Additional Comments or Requests: | | | | | | |
| Applicant's Signature: | Date: | | | | | |
| Signatures also required on the back or second page of this document- Release & Waiver | | | | | | |

FIELD/FACILITY USE RELEASE & WAIVER

ACKNOWLEDGE OF UNDERSTANDING, being a duly authorized representative of the organization requesting field and or facility with the City of South Burlington, I acknowledge that I have read and understand the Facility Use and Fee Policy attached and agree to inform my users and abide by the conditions within the policy.

| mission granted to us agents, employees program or group, if our organization's | se by the City o and officers, fro may have, or cla | by (Organization) of South Burlington to use hereby and forever discharge and release om all actions, claims, demands, judgments and damages which waim to have, or acquire in the future, for all personal injuries, or |
|---|---|--|
| mission granted to us agents, employees program or group, if our organization's | se by the City o and officers, fro may have, or cla | f South Burlington to use hereby and forever discharge and release om all actions, claims, demands, judgments and damages which w |
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| | s use of the pern | |
| the City of South But open space, and that it is in safe and useable that liability insurant ge that a Certificate of | arlington has no at a supervisor for e condition. We ace, and that suc of Insurance will | ogram and our group and for the safety of all its participants. In responsibility for the condition of the facility, be it a building, rom our organization shall always inspect the premises prior to use for the factor of the City of South Burlington that our h insurance protects the City of South Burlington to the extent of ill be provided to the City of South Burlington, naming the City of der the policy. This will be sent to the Recreation Department prior |
| | | ed representative of the above-named organization has executed |
| | | Date |
| ny organization which of South Burlingto | ch discriminates n's facilities, pa | s on the basis of disability. I, |
| | | Date |
| | | |
| | open space, and that e in safe and useable in safe and useable in the liability insurance that a Certificate at the holder as Additional to the space of the liability Action of South Burlington which of South Burlington | open space, and that a supervisor five in safe and useable condition. We nate liability insurance, and that such that a Certificate of Insurance with ate holder as Additional Insured under undersigned, being a duly authorized first above-written. Disability Act) - Note: Title II of the my organization which discriminates |

Recreation Department Use Only:

| Action: | Approved | Denied | Reason:_ | | | | |
|--------------------------|-----------------|---------|---------------|---------------------------|-----|----|--|
| Required: | Deposit- Yes No | \$ | | Certificate of Insurance: | Yes | No | |
| Fees Assessed: | Per Policy | One Tin | ne Fee of \$_ | Other: | | | |
| Field/Facility Assigned: | | | | | | | |
| Condition of Use | 2: | | | | | | |