

9-11 MEMORIAL FIELD RESERVATION FORM 2008

Date: _____

Organization: _____

Address: _____

Person submitting this request: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Insurance Certificate: _____ attached

- *Certificate must accompany request in order for the request to be considered*
- *Certificate must indicate Town of Southborough as the certificate holder*

Roster of coaches and players: _____ attached _____ will be faxed or emailed

Number of players: _____

OTHER CONTACT INFORMATION

Person(s) responsible for scheduling and attending scheduled events at 911 Memorial.

Name	Home Phone	Cell Phone	Email

DESCRIPTION OF ORGANIZATION (fill in all that apply):

Town Youth	
School	
Club/Select	
Adult	
Other	
Drop In Use	
Number of spectators	

SCHEDULING REQUEST (In preferential order if necessary)

	Day(s)	Dates	Hours
1			
2			
3			
4			

Additional Comments:

IMPORTANT IMPORTANT IMPORTANT

The person signing this agreement is responsible for the rules listed in the policy. It is also their responsibility to disperse the information and a copy of the permit to all coaches and/or others that will be there in their absence.

- a) Cancellation and Reallocation of scheduled use In the event that no Organization requested to use the Field, or of a cancellation, or in the event that an Organization has been relieved of its permit for failure to comply with these Regulations, the following procedure to reschedule the Available Time will be followed:
- i) Full payment must be submitted.
 - ii) Once a permit is issued no cash refunds will be given.
 - iii) In the event of an approved cancellation the user group will be entitled to a credit of time which can be applied to any available time slot within that season.
 - iv) Less than 7 days notice of scheduled date will result in no credit to rescheduled time.
 - v) Cancellations must be submitted in email or fax with a mandatory phone call to confirm.
 - vi) Approved cancellation credits will expire at the end of each season.

vii) Accounting of credits will be reviewed at month end.

I have read the policy and agree to abide by all provisions set forth in the policy and this document. I understand that repeated violation of the rules will result in immediate loss of permit.

A final permit will be emailed to you with approved dates and times.

Print Name

Signature

Date

If any users wish to contribute to the maintenance and/or upgrades to the field, you may do so by writing your donation check out to the "Town of Southborough-911 Fund" along with a letter addressed to the Board of Selectman. Call the office with questions.

Additional Information:

Field Status during bad weather: 508-485-0710 press 8

Website (forms and policies): <http://www.southboroughtown.com/recreation/recreation.htm>

Recreation Office: phone 508-229-4452 fax 508-485-7189

Email: jhom@southboroughma.com