

FIELD PERMIT APPLICATION



Town of Norwood
Norwood Recreation Department
165 Nahatan Street, Norwood MA 02062
Office: 781-762-0466 Fax: 781-769-6254

Group/Organization Name:	
Contact Person Name:	Organization Mailing Address:
Cell Phone:	
Email Address:	
2nd Contact Name:	2nd Contact Cell Phone:
Type of Group/Organization:	
___ Norwood Youth ___ Norwood Adult ___ Norwood Business ___ Norwood Resident Outing ___ Clinic/Camp	
___ Non-Norwood Youth ___ Non-Norwood Adult ___ Non-Norwood Business ___ Non-Norwood Resident	

Field Rules and Regulations

1. By signing below you agree to all requirements of the field use policy and applicable rules regarding use of fields
2. Applicants wishing to reserve facilities must be 18 years of age
3. Vendors are not allowed in park areas, including parking lots
4. The following are prohibited: Alcohol, Littering, Cookouts, and Golf
5. Permits are non-transferable. The permit holder must be present and/or a participant during the use of the facility.
6. Profanity, harassment, or unsportsmanlike conduct is grounds for revocation of the permit
7. Trash in and around the fields are the responsibility of the users. Barrels and recycle bins are provided for groups to clean up the field after use. If trash does not fit in barrels it needs to be carried out by users.
8. Dogs must be leashed on all playing fields
9. All applicants must provide the Town of Norwood a certificate of insurance naming the Town of Norwood as "additionally insured." Insurance coverage shall include: Minimum of \$1,000,000 for bodily injury and property damage & name of Town of Norwood, its officers, and employees as additional insured against any and all liability arising or resulting from usage of said promises

Cancellation

Norwood Recreation Department reserves the right to cancel use of the facilities in an emergency situation or when deemed necessary for public safety or facility protection. Every effort will be made to notify the applicant of cancellation at the earliest possible time. The Norwood Recreation Department reserves the right to revoke permits for prior violations at any time. Refunds will not be issued for inclement weather.

I have read and understand all of the rules and regulations listed in the Town of Norwood Recreation Department's and understand the consequences of not complying with these regulations.

SIGNATURE: _____ DATE: _____

- TURN OVER -

Field(s) Requested (please select):						
<input type="radio"/> Balch	<input type="radio"/> Callahan	<input type="radio"/> Cleveland	<input type="radio"/> Coakley Field 1	<input type="radio"/> Coakley Field 2	<input type="radio"/> Coakley Rectangle Field	<input type="radio"/> Coakley Lower Field
<input type="radio"/> Doherty	<input type="radio"/> Ellis	<input type="radio"/> Father Macs	<input type="radio"/> Murphy	<input type="radio"/> Oldham	<input type="radio"/> Prescott	<input type="radio"/> Winslow
<input type="radio"/> Wilson	<input type="radio"/> Willett	WRITE IN REQUEST:				

————SINGLE USE [no lights]————

DATE: _____ **START TIME:** _____ **END TIME:** _____

FEES: Norwood Resident/Group: \$10/field/hour Non-Resident/Group: \$25/field/hour
 Norwood Camp/Clinic: \$50/field/hour Non-Norwood Camp/Clinic: \$75/field/hour

————RECURRING USE [no lights]————

START DATE: _____ **END DATE:** _____

DAYS/TIMES:

Mondays: Time ____ to ____ Tuesdays: Time ____ to ____ Wednesdays: Time ____ to ____
 Thursdays: Time ____ to ____ Fridays: Time ____ to ____ Saturdays: Time ____ to ____
 Sundays: Time ____ to ____

FEES: Norwood Youth Group: \$20/ participant Norwood Camp/Clinic: \$50/field/hour
 Norwood Adult Sport League: \$25 a day/4hrs Non-Norwood Camp/Clinic: \$75/field/hour
 Non-Norwood Adult Sport League : \$35 a day/4hrs

————LIGHT FEE————

- Town of Norwood (Recreation, Schools, PTA, Youth Groups): No Charge
- Norwood Resident/Organization: \$15 per night
- Non-Norwood Resident/Organization: \$25 per night
- Norwood Adult Sport League: \$50 per night
- Non-Norwood Adult Sport League: \$75 per night

OFFICE USE ONLY

SCHEDULED ON: _____

PERMIT MADE ON: _____

PAYMENT RECEIVED: _____