

**TOWN OF EASTON
Parks and Recreation**

14 S. Harrison St.
Easton, Maryland 21601
Phone: (410) 822-2525 Fax: (410) 820-8016 fax

FIELD USE REQUEST/AGREEMENT

Date _____

Name of League/Organization: _____

Contact person: _____
Print Name

Mailing Address: _____

Home Phone _____ Alternate Phone _____

Email address: _____

Athletic Activity: _____

Name of Insurance Carrier: _____

FIELD SPACE REQUESTED

Anthony Field (Baseball Field) _____ Acorn Field (Soccer/Lacrosse) _____
Butler Field (Baseball Field) _____ Hatcher Field (Field Hockey/Lacrosse) _____
Easton Club Field (Softball Field) _____ Kerr Field (Football/Lacrosse) _____
Optimist Field (Baseball/Softball Field) _____ Pyles Field (Soccer/Lacrosse) _____
Idlewild Park Field #1 (Baseball Field) _____
Idlewild Park Field #2 (Baseball Field) _____

Date of Use Requested		Day of Week Requested (Please check)							Hours Requested	
From Date	To Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	From AM/PM	To AM/PM

Are you a Non-Profit Organization? ___ Yes ___ No If Yes Federal ID # _____

Will Fields need to be lined? ___ Yes ___ No

Will an admission fee be charged by your group? ___ Yes ___ No

Please initial the following statements indicating your acceptance and understanding of the terms:

_____ I understand players, coaches, managers and spectators are required to adhere to the behavior standards for use of Town of Easton Athletic Fields.

_____ I acknowledge the concussion awareness information has been available to me through the CDC website www.cdc.gov/concession; I have reviewed it and will distribute this information to players, coaches, managers, parents and guardians.

_____ The Town of Easton Department of Parks and Recreation reserves the right to restrict field use at any time based on field conditions due to weather, maintenance activity, previous use or performance of league or organization on the Town's athletic field or for any other reason.

Precedence for athletic field use is as follows:

1. Organized Community Groups – in season athletics (non-profit)
2. Organized Community Groups – out of season athletics (non-profit)
3. Private Organizations – in season athletics (profit)
4. Private Organizations – out of season (profit)
5. Special Events – Non Departmental

I have attached the following information:

_____ Organization Qualification form

_____ League Insurance Certificate specifying coverage for the duration of the reservation request naming **Town of Easton as additional insured.**

_____ Official team game and practice schedule.

Application will not be accepted and fields will not be reserved until all information and forms have been received.

The applicant whose signature is below assumes the responsibility to leave the facilities and grounds in an acceptable condition

Signature of Applicant Contact

Date

Office Use Only

Application received _____

Request Granted _____ Request Denied _____

Lorraine Gould

Director of Parks and Recreation

Application must be received no less than 14 days prior to use of fields.