



**TOWN OF SALISBURY  
PARKS & RECREATION COMMISSION  
FIELD AND PARK USE PERMIT APPLICATION**

DATE OF EVENT \_\_\_\_\_ START & END TIMES \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_ LOCATION OF EVENT \_\_\_\_\_

IS THIS A NON-PROFIT EVENT ?  OR FOR-PROFIT?

Non-profit organizations must provide proof of status

NAME OF ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ DAY PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

DESCRIPTION OF EVENT AND COMPLETE LIST OF ACTIVITIES:

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HOW MANY PEOPLE ARE EXPECTED ? \_\_\_\_\_

<b>Fees for field use</b>	<u>Per Time Block:</u> 2 hours	<u>Per Game Block:</u> 3 hours	<u>Seasonal Rate:</u> if less expensive option
For Profit	\$45.00	\$90.00	\$750.00
Non Profit	\$35.00	\$60.00	\$400.00
100% Salisbury children	No charge	No charge	No charge

*\*Fees to be re-evaluated yearly.*

In lieu of fees in-kind services will be considered and deducted from field usage charges. In order to have in-kind services deducted from charges, approval must be granted from the D.P.W. **ahead of time.**

**ALL APPLICATIONS MUST INCLUDE A COPY OF CURRENT CERTIFICATE OF INSURANCE.  
IF YOUR ORGANIZATION SERVES YOUTH UNDER 18 YEARS OLD PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- A statement of your organization’s purpose including, if applicable, website, program information , brochures
- A Copy of a Certificate of Insurance
- A notarized letter stating that the organization runs criminal history, CORI checks, on all staff and volunteers
- A copy of proof that the organization is certified to perform CORI checks through the State of Massachusetts

*It is expressly understood and agreed that the regulations of the Parks Commission are to be strictly complied with, and that the undersigned hereby assumes full responsibility for any damages to, or loss of, Town Property, in consequence of such use of the accommodations described above, and engages to make the same good without any expense to the Town. The undersigned also further agrees to promptly pay such charges as may be made for the accommodations requested.*

**Authorized Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Direct further inquiries to:  
Angelica Medina, Parks Department  
Phone: 978-462-7611 Fax: 978-463-0190  
[pubworks@salisburyma.gov](mailto:pubworks@salisburyma.gov)

<p>For Parks Commission Use</p> <p>Date reviewed _____</p> <p>Approved _____</p> <p>Rejected _____</p> <p>Comments: _____</p> <p>_____</p> <p>Fee _____</p>
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