



City of Saco, Maine
 Parks & Recreation Department
 300 Maine Street, Saco ME 04072

Phone: 207-283-3139
 Fax: 207-282-8210
 E-mail: parksandrec@sacomaine.org

APPLICATION FOR USE OF SACO PARKS & RECREATION PUBLIC PLACE

FACILITY/PUBLIC SPACE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bruno Field | <input type="checkbox"/> Diamond Riverside Park | <input type="checkbox"/> Haley Park |
| <input type="checkbox"/> Jubilee Park | <input type="checkbox"/> Memorial Field | <input type="checkbox"/> Pepperell Park |
| <input type="checkbox"/> Phoenix Fields | <input type="checkbox"/> Plymouth Field | |
| <input type="checkbox"/> SMS Facility | <input type="checkbox"/> Young School Field | |

AMENITY REQUESTING:

- | | | |
|---|---|---|
| <input type="checkbox"/> Athletic Field | Type: _____ | |
| <input type="checkbox"/> Baseball Diamond | <input type="checkbox"/> Handball Court | <input type="checkbox"/> Softball Diamond |
| <input type="checkbox"/> Tennis Court | <input type="checkbox"/> Open Space | <input type="checkbox"/> Picnic Area |

APPLICANT:

Name of Event: _____

Type of Event: _____

Name of Individual / Organization: _____

- Commercial/Private Organization Non-Profit Organization Non-Profit Youth Organization Community/Family Group

Non-Profit Federal I.D. # _____

A copy of your federal letter confirming your non-profit status is required for our records.

Proof of Insurance: A Certificate of Insurance listing the City of Saco as holder is required for our records.

Contact Person: _____

Address: _____ City: _____ Zip: _____

Phone: Day: _____ Evening: _____ Cell: _____

E-mail Address: _____

Number of people attending:

Adults: _____ Children: _____ Total Attending: _____

Reservation Date(s): _____
 Ongoing events of more than one occurrence must fill out yearly calendar sheet

Reservation Times: Start: _____ **am/pm** **Finish:** _____ **am/pm**
 Rental Times are to include all Set-Up and Clean-Up Rounded to Nearest 1/2 Hour

Set-Up Time

Date: _____
 From: _____ am/pm
 To: _____ am/pm
 Total Hours: _____

Actual Event Time

Date: _____
 From: _____ am/pm
 To: _____ am/pm
 Total Hours: _____

Clean-Up Time

Date: _____
 From: _____ am/pm
 To: _____ am/pm
 Total Hours: _____

Open to the public?	YES	NO
Admission fee charged?	YES	NO
Fund-raiser?	YES	NO

If yes, please describe in detail:

Decorations/Signs?	YES	NO
Additional Requests or Concerns?	YES	NO

If yes, please describe in detail:

Live Music or D.J.?	YES	NO
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If yes, please describe in detail:

APPLICATION AGREEMENT:

I, the undersigned, as applicant or on behalf of the applicant, signify that the information provided on this application is true and correct and hereby accept full responsibility for any breakage or damage to property or building, and for the conduct of those attending the function for which the facility is requested. I agree to indemnify and hold harmless the City of Saco and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of the negligent act or omission of myself, any agent, anyone directly or indirectly by them or anyone for whose acts by them may be liable, except where caused by the active negligence, sole negligence or willful misconduct of the City. If permission is granted, I or my representative agrees to be present during the entire use of the facility. My signature below signifies that I agree to abide by all of the conditions of this application, the Facility Use & Reservation Policy and of any permit issued based on this application. I also agree to pay to the City of Saco all costs the City may incur as a result of any failure to comply with all of these conditions including damages due to failure to leave the premises in its pre-rental condition.

Signature

Date

NAME: _____
(Please Print)

Driver's License #

-----For Office Use Only-----

Application is: **Approved** **Denied**

Category	Amount	Check #
Application Fee		
Security Deposit		
Certificate of Insurance	YES	NO
Cleaning Contracted Out	YES	NO
Security/Chaperones Required	YES	NO
Use of City Equipment	YES	NO
Fee Waiver/Reduction	YES	NO

Administrative Approval

Date

Additional Comments: _____

Refund of Security Deposit sent out on: _____