

TOWN OF BOSTON
APPLICATION FOR USE OF FACILITY

**This Application is subject to Approval by the Town Board
and MUST be received at least 1 week prior to Town Board meeting**

*****Application, fees, plans, layouts and any additional proof from other agencies must be completed and submitted at time of application. Must be a Boston Resident to request use.*****

Name/Organization _____ Date ____/____/____

Name of person responsible for facilities _____
Title _____

Applicant Address _____

Applicant Daytime Phone # _____ # Of Attendees: _____

Date(s) Requested* _____ Time _____ Type of Event _____
Set Up _____ Take Down _____

Sporting Leagues — Please attach Schedule

****Certificate of Insurance from your organization must be submitted at least 1 week before your 1st sporting event****

*****Please confirm that your dates do not conflict with any Sporting Leagues*****

Baseball—Josh Haeick 649-6170 Football—Nick Jagow 725-9680
Soccer—Jessica Blesy 809-0121 or Liz Cylka 319-8542

I, THE UNDERSIGNED, REQUEST PERMISSION TO USE THE FOLLOWING: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> South Boston Park Shelter | <input type="checkbox"/> Boston Town Park |
| <input type="checkbox"/> Town Hall Community Room w/ Kitchen
And Bathroom Facilities | <input type="checkbox"/> Lions Shelter
And Bathroom Facilities |
| <input type="checkbox"/> North Boston Park Fields | <input type="checkbox"/> Small Shelter |
| | <input type="checkbox"/> Town Fields |

WILL YOUR EVENT HAVE ANY OF THE FOLLOWING: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Parade | - Who will provide traffic control? _____
(Submit proof in writing from that agency at time of application) | |
| <input type="checkbox"/> Parking
(over 50) | - Please submit parking Plan: _____
(This must be approved by Park's Superintendent before submittal to Town Clerk with application) | |
| <input type="checkbox"/> Rides | (Certificate of Insurance from your insurance company must be submitted 1 week before use begins) | |
| <input type="checkbox"/> Fireworks | (Certificate of Insurance from Firework Vendor must be submitted 1 week before your event) | |
| | -Who will provide Fire Stand By? _____
(Submit proof in writing from that agency at time of application) | |
| <input type="checkbox"/> Vendors
(over 5) | - Please submit Layout _____
(This must be approved by Park's Superintendent before submittal to Town Clerk with application) | |

