

Pappas Recreation Complex Facility Use Application/Permit

Date of Application _____

Date(s) Requested _____ Time _____

Name of Individual/Organization _____

Address _____ City _____ State _____ Zip _____

Responsible Party _____

Home Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Fax _____

Email Address _____ Alternate Phone _____

Facility Requested: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Pappas Field (specify sport) | <input type="checkbox"/> Marois Field (specify sport) |
| <input type="checkbox"/> Soccer Field (specify sport) | <input type="checkbox"/> Camosse Field (specify sport) |
| <input type="checkbox"/> Fuller Field (specify sport) | <input type="checkbox"/> Riley Pappas Pavilion |

Description of Event _____

Expected Total Attendance _____ Light fee \$35 an hour Field rental fee \$45 an hour

- It is understood by the above named individual/organization that the use of Pappas Recreation Complex facilities is provided at renter's risk. Renter shall assume responsibility for all damages to the real and personal property of Pappas Recreation Complex.
- Upon termination of the above named individual/organization's rental of the Pappas Recreation Complex facilities the renter's right shall immediately cease and terminate and the renter shall place the facilities in the same condition as they were prior to use.
- No tenancy of any kind is created by this Agreement.
- In consideration for this application/permit being accepted the above named group/individual/organization does hereby agree to indemnify, hold harmless and release Pappas Recreation Complex and the Town of Auburn and its employees assigns from any loss, damage, expense, claim or liabilities of any kind as a result of the rental of the designated facility.

TO BE COMPLETED BY PAPPAS RECREATION COMPLEX STAFF ONLY:

_____ Use Fee	_____ Date Received
_____ Certificate of Insurance	_____ Date Received
_____ Custodial Fee (if required)	_____ Date Received
_____ Auburn Police (if required)	_____ Date Received
_____ Equipment and/or maintenance fee	_____ Date Received

TOTAL: \$ _____ DEPOSIT \$ _____ BALANCE DUE \$ _____ DATE: _____

Return with appropriate fee to: Town of Auburn DPW Office, 5 Millbury Street, Auburn, MA. 01501
All checks payable to: Town of Auburn

Applicant Signature: _____ Date: _____

Site Director Signature: _____ Date: _____