



Parks Dept. Use Only

Rental Fee: _____ Receipt #: _____

Maintenance Hours/Cost: _____ Receipt#: _____

Notes:



Springfield Department of Parks, Buildings, and Recreation Management

Park Permit- John J. Shea Bright Nights Building in Forest Park

Personal Information

Name Of Organization		Contact Name:	
Email:		Address:	
City		State:	
Zip Code:		Phone Number:	
Additional Phone Number:			

Event Information

Date of Event:		Rain Date:	
Number of People Attending: <i>Maximum of 30 people per classroom</i>		Set up Time AM/PM:	
Start Time AM/PM:		End Time AM/PM:	
Notes:			

All checks are payable to the City of Springfield

*All fees, including maintenance costs, must be paid 30 days in advance to secure your Park Permit. *

Costs

Parks Dept. Use Only

Rental Rate: 2 classrooms with a maximum of 30 people per room Amount: \$200.00 (chairs, tables, sink, etc.)	Amount: _____
Mandatory Maintenance Cost: based on your event's total number of hours. Including set up time and end time. Park Employee: \$49.22	Amount: _____ Total Hours: _____

Cancellations MUST be made five business days prior to occasion in order to qualify for refund

APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY LICENSES

All Parks Open at Dawn	All Parks Close at Dusk
No Fires Allowed	Alcoholic Beverages Prohibited
All Areas Must Be Left Clean & Orderly	Affixing of Notices is Prohibited
No Admission May Be Charged	Live Animal Rides Prohibited
No Amusement Rides / Bounce Houses / Inflatables Or Mechanical Operations	

Please complete below

I hereby attest that the preceding information is true. Further, I agree to abide by the Rules and Regulations of the Springfield Board of Park Commissioners as stated on the regulation's information sheet. I agree to reimburse the **City of Springfield, Department of Parks, Buildings, and Recreation Management**, for any costs incurred in furnishing this property for our use. (Such costs include but are not limited to: trash pickup; clean up after the event; and/or repair of damages to park property.) The deposit will be refunded, provided none of the aforementioned situations occur.

As the Responsible Party/Authorized Representative of the Applicant for this Permit, I (name) _____ agree to the aforementioned and following conditions for the use of park properties. I/WE _____ hereby agree to and shall at all times, defend, indemnify, and hold the City of Springfield and its officers, agents, and employees, wholly harmless from any and all losses, costs, expenses (including court costs and attorney's fees and - interest), claims, demands, suits by any person or persons, for property damage, personal injuries, including death, and other liabilities of whatever kind of nature, caused by, resulting from incident to, connected with, or arising directly or indirectly out of acts or omission of anyone using park property pursuant to this Permit. This indemnity shall survive termination of the agreement.

_____ I have received a copy and agree to abide by the Rules and Regulations of the Board of Park Commissioners. Failure to comply with all policies and procedures may result in additional fees.

Signature of Applicant _____ Date: _____

If Damage Deposit Was Retained, Explain: _____

Park Department Authorized Signature: _____ Preliminary Date Approved: _____

Park Department Authorized Signature: _____ Final Date Approved: _____

*****Please Note Vehicle Entry into the Park Not Included in Fee*****

**Springfield Department of Parks, Buildings, and Recreation Management reserves the right to determine staffing requirements for events.
For further inquiries, please call 413-787-6435 or www.springfield-ma.gov/park/**