

## PARK USE FORM AND PERMIT

| Fee        | Ck #     |
|------------|----------|
| Dep        | Ck #     |
| Band Shell | Ck #     |
|            | Overtima |

Springfield Department of Parks, Buildings, and Recreation Management

Overtime\_\_\_\_\_ Receipt#

## PLEASE BE ADVISED THAT NO PERMIT WILL BE ISSUED LESS THAN 15 DAYS PRIOR TO THE REQUESTED DATE

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

This permit does **not** apply to The Carriage House, Emma's Place, or King Philip's Stockade. Please contact Michael Colello at 413-787-7733.

| dress  yStateZip   | PhoneRain Dateble to the City of S   | Alternative Phone   |
|--|--|---|
| State Zip  | PhoneRain Dateble to the City of S   | Alternative Phone   |
| AM/PM End TimeAM/PM  | Rain Date<br>ble to the City of S  |   |
| AM/PM End TimeAM/PM All checks are paya all fees, including overtime costs, due a minimum of 30 days in advanceEvents with up to 200 participants:  Please note all events have a mandatory requirement of at least or DMINISTRATION FEE for a maximum period of four hours: City Resid ditional fees will be charged for longer periods of time and/or special company to the company of the company of the company of time and/or special company company of the company o            | ble to the City of S   | Number of people attending  |
| All checks are paya all fees, including overtime costs, due a minimum of 30 days in advance  Events with up to 200 participants:  Please note all events have a mandatory requirement of at least or  OMINISTRATION FEE for a maximum period of four hours: City Resid ditional fees will be charged for longer periods of time and/or special company to the company of the separate of the company of the  |  |   |
| EASE CHECK ONE:  Events with up to 200 participants:  Please note all events have a mandatory requirement of at least or a maximum period of four hours: City Residutional fees will be charged for longer periods of time and/or special control of the separate of the separ |  |   |
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| ANDATORY DAMAGE DEPOSIT: \$100.00 Please include a separate c Forms can be downloaded from Cit  EASE CHECK ONE:*Wedding Ceremony (Maximum 50 guess*Photography - \$50.00 for photos only   | ne Park employee for fou   | r hours minimum overtime  |
| Forms can be downloaded from Cit  EASE CHECK ONE: *Wedding Ceremony (Maximum 50 gues*  *Photography - \$50.00 for photos only  |  | Residents- \$275.00   |
| *Photography - \$50.00 for photos only   |  | if there is no damage, a refund will be issued.   |
| \$75.00 non-resident   |  | ·   |
|  | Othe   | er (please describe)  |
| Cancellations MUST be made two business days prior to occasion in order  | to qualify for refund  |   |
| Events with 201-499 participants  Please note all events have a mandatory requirement of at least or  OMINISTRATION FEE for a maximum period of four hours: City Resid ditional fees will be charged for longer periods of time and/or special of  | ents- \$300.00 Non-City R  |   |
| ANDATORY DAMAGE DEPOSIT: \$200.00 Please include a separate  |  |   |
| EASE CHECK ONE:Speech or Lecture/Demonstration   | Other (please des  | scribe)   |
|  | nces. (A minimum of \$50<br>y listing the "City of Sprit<br>least one Park employed. Fees paid after this time<br>th this application.<br>Forms can be download<br>ants: \$200.00 50 | 00.00 and a maximum of \$2500 will be collected) ingfield" as an "also insured" is required to four hours minimum overtime to period must be made in cash or certified bank check the from City of Springfield website. The properties of the period of the per |
| Walkathon/road Race, Parade (Police Perm   |  |   |

## SPECIAL CIRCUMSTANCES

| Police detail  | Tents   | Serving Food   |  |  |
|--|---|--|--|--|
| Electricity  | Trash Receptacles   | Contact Health Department                                    |  |  |
| Amplification  | Banners   | Selling Items  |  |  |
| Musical Instruments  | Band Shell/Stage (separate application  | n) Items to be sold  |  |  |
| ****Any Special Circumstances or P   | Provisions Must Be Submitted in Writing and I   | May Require Park Commission Approval****                     |  |  |
| 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  APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY LICENSES |   |  |  |  |
|  |   |  |  |  |
| ALL PARKS CLOSE AT DUSK  |   |  |  |  |
| ALL PARKS CLOSE AT DUSK  |   | T BE LEFT CLEAN & ORDERLY                                    |  |  |
| AFFIXING OF NOTICES IS PROHIBIT  |   | MAY BE CHARGED   |  |  |
| ALCOHOLIC BEVERAGES PROHIBI  | TED LIVE ANIMAL RI  | DES PROHIITED  |  |  |
| I hereby attest that the preceding information is t  | true. Further, I agree to abide by the Rules and R  | egulations of the Springfield Board of Park                  |  |  |
| Commissioners as stated on the regulations infor   | rmation sheet. I agree to reimburse the <b>Departm</b>                                    | ent of Parks, Buildings, and Recreation Management           |  |  |
| for any cost incurred in furnishing this property t  | for our use. (Such costs include but are not limite                                       | ed to: trash pickup; clean up after the event; or damages to |  |  |
| park property. The deposit will be refunded, pro   | ovided none of the aforementioned situations occur  | ır.  |  |  |
| As the representative of   | , I agree to the aforementioned and   | following conditions for the use of park properties.         |  |  |
| I/WEhereby agrees to and shall at all time   | nes, defend, indemnify, and hold the City and its   | officers, agents, and employees, wholly harmless             |  |  |
| from any and all losses, costs, expenses (including  | ng court costs and attorney's fee, interest, and pro                                      | ofits), claims demands, suits by any person or persons,      |  |  |
| injuries, damages or death, and other liabilities o  | of whatever kind of nature, caused by, resulting fr                                       | om incident to, connected with, or arising directly or       |  |  |
| indirectly out of the negligent or willful act or or   | mission by and anyone di  | rectly or indirectly employed by it or anyone for whose acts |  |  |
| they may be liable whether caused or not caused  | in part by any act or neglect on the part of the Ci                                       | ity, its officers, employees, agents or servants or others,  |  |  |
| including parties indemnified hereunder. This in   | ndemnity shall survive termination of the agreement                                       | ent.   |  |  |
| I have received a copy and agree to abide Failure to comply with all policies and pro-   | te by the Rules and Regulations of the Board of Procedures may result in additional fees. | ark Commissioners.   |  |  |
| Signature of Applicant   | Date  |  |  |  |
| If damage deposit was retained, explain:   |   |  |  |  |
| Park Dept. Authorized Signature  | Date  |  |  |  |

Overtime Rates: Park Employee: \$41.67/hr. Electrician: \$49.95/hr.