

FIELD/GROUNDS USE APPLICATION

Date of Request: _____

Field Scheduling Guidelines:

1. Check with RSU5 Community Programs for availability of space – (207) 865-6171.
2. Complete and return this form to Community Programs at least twenty (20) working days prior to scheduled use.
3. Include a copy of insurance certificate (see below), naming RSU5 as an additional insured.
4. You will be notified with field assignments and usage fee (if applicable).

PART I: To be completed by applicant (Must be at least 21 years of age)

Organization/Group Requesting Use: _____

Dates Requested: _____ Beginning: _____ Ending: _____

Day (s) of activity (please circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Field Requested (please check):

- | | | |
|---|---|---|
| <input type="checkbox"/> FHS Baseball Field | <input type="checkbox"/> FHS Turf Field | <input type="checkbox"/> DCS Baseball Field |
| <input type="checkbox"/> FHS Softball Field | <input type="checkbox"/> FHS Track | <input type="checkbox"/> DCS Softball Field |
| <input type="checkbox"/> FHS Soccer/Lacrosse Field | <input type="checkbox"/> FHS Tennis Courts | <input type="checkbox"/> DCS Soccer Field |
| <input type="checkbox"/> FHS Field Hockey Field | <input type="checkbox"/> FMS Soccer/Lacrosse/Field Hockey | <input type="checkbox"/> FMS Softball Field |
| <input type="checkbox"/> FMS Baseball Field | <input type="checkbox"/> FMS Basketball Courts | <input type="checkbox"/> PES Soccer Field |
| <input type="checkbox"/> Pownal Road Baseball Field | <input type="checkbox"/> Pownal Road Football Field | <input type="checkbox"/> PES Basketball Court |
| <input type="checkbox"/> MLS Baseball Field | <input type="checkbox"/> MLS Playground Field | |

Lines/Equipment needed (may include additional fees): _____

Note: The field you are requesting may not be the field you are assigned.

Description/type of activity or event: _____

Anticipated number of participants: _____ Anticipated number of spectators: _____

Person (s) responsible on site: _____ Phone: _____

Email: _____ Billing address: _____

The person designated below, as the authorized representative, agrees to be on the fields at the scheduled times, will ensure all field use rules and regulations are followed and be responsible for any damage incurred. RSU5 Community Programs has a carry-in/carry-out policy. Rain-outs must be rescheduled through Community Programs.

Signature of Applicant/Authorized Representative: _____ Date: _____

Insurance Requirement: Any non-RSU5 or town government group requesting to use a facility must provide proof of insurance naming RSU5 as an additional insured with the following coverage: \$400,000 combined bodily injury and property damage, or \$400,000 bodily injury and \$400,000 property damage. All insurance coverage shall come from insurers licensed to do business in the State of Maine. The intent of requiring a certificate of insurance is to absolve RSU5 from damage costs and liability claims which may result during an event not directly sponsored by RSU5.

PART II: To be completed by RSU5 Community Programs

Recommendation: Approve: _____ Disapprove: _____ Date: _____

Fee Charged: _____ *Security Deposit: _____ Total Payment Due: _____

Additional Comments or Conditions: _____

Signature of RSU5 Community Programs Representative: _____

*A security deposit may be required at the discretion of Community Programs.

Administrative Procedure Adopted: 5/19/10

Revised: 1/28/14; 5/16/17