

TOWN OF HOLLISTON PARK COMMISSION

Stoddard Park Picnic Area Request Form

Organization: _____ Contact Person: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

E-mail address _____

Dates: _____ Times: _____

Purpose/Activity: _____ Estimated Attendance: _____

Public Address Systems need to be approved on a case by case basis. Please check here if you would like to use a PA system. (We do not supply PA systems.) _____

Bathrooms (Stoddard or Goodwill available May 1- Sept. 30): Yes _____ No _____ (Resident/Non-resident \$35/\$40 per day or \$100/\$110 per week)

	Stoddard Picnic Area <u>per hour</u> "In Season" June 15- Aug 22	Stoddard Picnic Area <u>per hour</u> "Out of Season" Before June 14 & After Aug 22
In-Town resident Non-profit	You must have a Beach Parking Sticker or pay for a day pass to enter Stoddard. No reservations during the season.	Free plus cost of bathroom
In Town resident For Profit		Free plus cost of bathroom
Out of Town group Non-profit		\$20 plus \$40 bathroom fee
Out of Town group For-profit		\$20 plus \$40 bathroom fee

Having read the terms listed in the Field Policy and Facility Information, I agree to abide by those terms. It is understood that failure to abide by this agreement could result in the revoking of our permit and future use of Holliston Fields.

The applicant agrees to be the responsible person to see that all Park Department rules and regulations are followed and that the facility is left in a neat and orderly manner. Failure to use and leave the facility as agreed will result in no future applications being accepted from your organization.

In consideration of the use of the above referenced facility, the applicant agrees to remise, release and forever discharge the Town of Holliston of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, damages and any and all claims, demands and liabilities whatsoever of every name and nature both in LAW and EQUITY, which against the said Town of Holliston now have or ever had, more especially on account of theft or damage of personal property, or injury sustained while using the facility.

Applicant's Signature: _____ Date: _____

Applicant must be over 21 years of age to request a facility. ID may be required.

NO ALCOHOLIC BEVERAGES ALLOWED AT ANY TOWN FACILITY

Insurance Certificates are needed for any sports event or activities or large gatherings of people.

For applications, facility rules and information, visit our web site at

www.townofholliston.us/park.htm

Applications should be mailed to: Holliston Parks & Recreation Dept.,
1750 Washington St., Holliston, MA 01746 Phone: 508-429-2149 Fax 508-429-0696

Requests must be submitted one month in advance of requested use date.