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):

___ FHS Baseball Field    ___ FHS Turf Field    ___ DCS Baseball Field
___ FHS Softball Field    ___ FHS Track      ___ DCS Softball Field
___ FHS Soccer/Lacrosse Field ___ FHS Tennis Courts ___ DCS Soccer Field
___ FHS Field Hockey Field ___ FMS Soccer/Lacrosse/Field Hockey ___ FMS Softball Field
___ FMS Baseball Field    ___ FMS Basketball Courts ___ PES Soccer Field
___ Pownal Road Baseball Field ___ Pownal Road Football Field ___ PES Basketball Court
___ MLS Baseball Field    ___ 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