## FIELD REQUEST FORM

Date:		Organization Requesting Field(s)
Name of Individual Requesting Fig	eld:	
Address:		Address
		Uxbridge MA
Tel No:		Tel No:
Email:		Email:
MULTIPLE REQUESTS FOR FIELD SPACE MUST BE ATTACHED TO THIS FORM		
Name of Field Requested:		
Date(s) Field Requested:		
Time(s) Field Requested:		
Reason(s) for Field Usage Request:		
Number of persons using field during above described activity:		
Number of Uxbridge residents using the field(s) during the activity:		
Is a fee being charged for participants? If so, fee charged:		
Is this a for-profit event?		
Is there insurance coverage provided for person(s) using the field?		
STOP!! IMPORTANT PLEASE READ BELOW INFORMATION AND SIGN. PLEASE ATTACH COPY OF INSURANCE BINDER TO APPLICATION. ALL RENTERS ARE RESPONSIBLE FOR ENSURING THAT THE FIELDS REQUESTED ARE LEFT IN THE SAME CONDITION AS FOUND - THAT ALL TRASH IS REMOVED - AND THAT NO ALCOHOLIC BEVERAGES ARE CONSUMED ON TOWN OF UXBRIDGE PROPERTY. I the applicant agree that all the information provided above is true and correct and that I/the organization renting the field will abide with all the terms and conditions above, as well as all requirements and by-laws of the Town of Uxbridge and the Town of Uxbridge Recreation Committee  signed this day ofJanuary, in 2015  name (print) Shawn Bernard signature:		
Rec Committee Usage:		
Date application received:		
Received by:		
Fee applied:	Fee collected:	Check No:
Field available for usage:		
Approved by Rec Committee:		
Date approved:		
Signed by: Informed applicant:		