



# FACILITIES USE APPLICATION - RECREATION TOWN OF GRAY MAINE

**For Office Use Only**  
 Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

## FACILITY

- |   |  |
|---|--|
| <input type="checkbox"/> Ballfield at Monument Square | <input type="checkbox"/> Newbegin Multi-Use Area |
| <input type="checkbox"/> Basketball Court             | <input type="checkbox"/> Newbegin Softball Field |
| <input type="checkbox"/> Beach Volleyball Court       | <input type="checkbox"/> Pennell Snack Shack     |
| <input type="checkbox"/> Newbegin Gymnasium           | <input type="checkbox"/> Pennell Softball Field  |

## EVENT

Event type	
Organization/Group affiliated with renting	
Estimated number of participants attending event	

## DATE(S)/HOURS REQUESTED

Rental hours include set up and take down time

1. Date	Time	to	Total Paid	\$	Check #	Cash
2. Date	Time	to	Total Paid	\$	Check #	Cash
3. Date	Time	to	Total Paid	\$	Check #	Cash
<i>Any additional dates requested (after 3 in a 3 month period) shall be submitted to the Town Council for review.</i>						
4. Date	Time	to	Total Paid	\$	Check #	Cash
5. Date	Time	to	Total Paid	\$	Check #	Cash
6. Date	Time	to	Total Paid	\$	Check #	Cash
7. Date	Time	to	Total Paid	\$	Check #	Cash

## NOTES PERTAINING TO RENTAL

## FOR OFFICE USE ONLY

Date Application Submitted	Rental is <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Recreation Director	
Comments	
Insurance <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date <span style="float: right;">Staff Initials</span>
Application Completed in Full <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date <span style="float: right;">Staff Initials</span>

## APPLICANT INFORMATION

Name		E-Mail Address	
Street Address		City/State/Zip	
Home Phone		Cell Phone	

## APPLICANT SIGNATURES

I, \_\_\_\_\_, have read the Facilities Use Policy and understand my obligations and responsibilities. I understand that I must be 18 years or older.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY WAIVER AND MEDICAL RELEASE

I, \_\_\_\_\_, hereby release the Town of Gray, its employees, agents, officer and volunteers from any liability claims, demands or suits for property damage, personal injury or death, which could arise out of the course of participating in renting this facility. I understand that rental of this facility might involve physical exercise and perhaps a health risk and I will release the Town from any claims. I also grant permission for emergency medical attention should I not be able to be reached at the telephone numbers provided.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### In the absence of the applicant, the below authorized representative(s) will be responsible for the event

1. Name (print)		4. Name (print)	
Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Cell Phone	
Email		Email	
2. Name (print)		5. Name (print)	
Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Cell Phone	
Email		Email	
3. Name (print)		6. Name (print)	
Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Cell Phone	
Email		Email	