



# FACILITIES USE APPLICATION - RECREATION TOWN OF GRAY MAINE

**For Office Use Only**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

## FACILITY

- |  |   |
|--|---|
| <input type="checkbox"/> Douglas Field (fee: for profit groups)<br><input type="checkbox"/> Basketball Court (fee)<br><input type="checkbox"/> 1 Beach Volleyball Court <input type="checkbox"/> lights (fee)<br><input type="checkbox"/> 2 Beach Volleyball Courts <input type="checkbox"/> lights (fee)<br><input type="checkbox"/> Newbegin Gymnasium (fee)<br><input type="checkbox"/> Newbegin Rec Room (fee) | <input type="checkbox"/> Pennell Field (fee: for profit groups)<br><input type="checkbox"/> Newbegin Multi-Use Field Area<br><input type="checkbox"/> Newbegin T-ball Field<br><input type="checkbox"/> Pennell Snack Shack (fee: for profit groups)<br><input type="checkbox"/> Wilkies Beach (Gray Residents) |
|--|---|

## EVENT

Event type

Organization/Group affiliated with renting

Estimated number of participants attending event

Contact Name

## DATE(S)/HOURS REQUESTED

Rental hours include set up and take down time

1. Date	Time	to	Total Hrs:	Local GNG, Non-Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Date	Time	to	Total Hrs:	Non GNG, Non-Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Date	Time	to	Total Hrs:	501c3 form attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Any request over 20 hrs within a 3 month period shall be submitted to the Town Council for review.</i>				Local GNG, For Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Date	Time	to	Total Hrs:	Non GNG, For Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Date	Time	to	Total Hrs:			
6. Date	Time	to	Total Hrs:			

## NOTES PERTAINING TO RENTAL/ GENERAL NOTES

## 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 \_\_\_\_\_

## FOR OFFICE USE ONLY:

### NOTES PERTAINING TO RENTAL FEE(S)/ GENERAL NOTES

Date Application Submitted:	Application Completed in Full?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a non-profit, is 501c3 form provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance form provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec Staff Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Rental is:  Approved  Denied      Date \_\_\_\_\_      Staff Initials \_\_\_\_\_

If Denied, Reason:

Facilities checked after rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Deposit Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason:

Sign-off from recreation staff  
(initials):