TOWN OF LYSANDER PARKS AND RECREATION DEPARTMENT
FOOTBBALL AND RUGBY FIELD RESERVATION FORM

FOOTBALL FIELD 1 _M T W TH F SAT SUN_ DATES: _____ TIMES: _____

FOOTBALL FIELD 2 & RUGBY FIELD _M T W TH F SAT SUN_ DATES: _____ TIMES: _____

NAME OF ORGANIZATION: _____

REPRESENTATIVE # 1 _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

Email address: _____

REPRESENTATIVE # 2 _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

Email address: _____

FEE: Field 1-$150.00 per day, **(ALL DAY)** for the season - Football Field **(Not Lined)**
Field 2-$120.00 per day, **(ALL DAY)** for the season - Football Field **(Not Lined)**
$20.00 every 2 hours.

NO ALCOHOL & SMOKING ONLY IN DESIGNATED AREAS

This permit is for the dates and times indicated above and is subject to all rules and regulations of the Lysander Parks and Recreation Department – see attached rules. The Department reserves the right to cancel or postpone any scheduled games or to refuse use of a field for any reason. The person and/or organization to whom this permit is issued has read, understands and agrees to see that all rules are obeyed, that the group observes order and that property is not damaged. Groups will be charged for any damages caused by negligence. A Certificate of Insurance is required naming the Town as an additional insured – see details on the Indemnity & Insurance form.

I hereby acknowledge that I have read, understand and agree to comply with the above terms and conditions, as well as the park rules that have been provided to me.

_____ Date: _____ _____ Date: _____
Representative's Signature Park Representative Signature

OFFICE USE ONLY

Amount _____ Receipt Number _____ Date_____

Rev. 12/17