

# Town of Boylston Parks & Recreation Department

221 Main Street ,Boylston, MA 01505

Phone: 774-317-9254 Email [boylstonparks@boylston-ma.gov](mailto:boylstonparks@boylston-ma.gov)

Website – [Boylstonparks.org](http://Boylstonparks.org)

Applicant Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business or Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Which best describes your group / Function. Please check a box:

- BPR sponsored youth program
- Other Boylston youth programs (Comprised of 80%+ Boylston residents)
- Other Boylston Adult program
- Other Boylston based local, non-profit, social & athletic groups (priority to youth)
- Boylston based businesses – Priority will be given to those with years of use
- Non-Boylston related program or lesser than 80% Boylston resident participation
- All others - Please describe: \_\_\_\_\_

<u>Season Requested</u>	<u>Open Enrollment Period</u>	<u>Authorized Season Duration</u>	<u>Requested Session &amp; hours</u>
<input type="checkbox"/> Spring Season	Jan 1 – Jan 15	April 1 – Mid June	Session Start Date: _____
<input type="checkbox"/> Summer Season	Mar 1 – Mar 15	Mid June - August	Session End Date: _____
<input type="checkbox"/> Fall Season	May 1-May 15	Sept – November	Total # of Weeks: _____
<input type="checkbox"/> Winter Season	July 1 – July 15	November – April	Total Hours Needed: _____

<u>Field/Facility Requested</u>	<u>Type of Activity</u>	<u>Days/Times Requested in Priority</u>
<input type="checkbox"/> Manor	<input type="checkbox"/> Basketball	1 <sup>st</sup> Choice Days: _____
<input type="checkbox"/> Center Courts	<input type="checkbox"/> Baseball	2 <sup>nd</sup> Choice Days: _____
<input type="checkbox"/> Hillside Fields	<input type="checkbox"/> Soccer	1 <sup>st</sup> Choice Times: _____
<input type="checkbox"/> Rte 70/140 Field	<input type="checkbox"/> Tennis	2 <sup>nd</sup> Choice Times: _____
<input type="checkbox"/> Hillside Gym	<input type="checkbox"/> Volleyball	2 <sup>nd</sup> Choice Facility: _____
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Other – Describe: _____	

Number of expected participants / Patrons -----> [      ]

## **Important Communication**

Erecting permanent or temporary structures such as tents, stages platforms is strictly regulated and requires the approval of BPR as well as other town inspectors.

- Are you planning to use such structures? No  Yes  If yes additional approvals required. You must present at the next BPR meeting.

Campfires or open burning of any kind is prohibited and required the approval of BOR as well as the Fire Inspector.

- Are you planning to ask for approval? No  Yes  If yes additional approvals required. You must present at the next BPR meeting.

### **Additional Description of Activities:**

\_\_\_\_\_  
\_\_\_\_\_

Applicant & the Organization/Group represented have read and received a copy of permit procedures rules and regulations pertaining to the field/facility usage and agree to accept responsibility for the group issued the permit. I acknowledge that this application package is complete and a permit will only be issued upon receipt of all required documents.

\_\_\_\_\_  
Applicant Signature – Same as above

\_\_\_\_\_  
Date