

**Applicant Information**

Name of team or organization \_\_\_\_\_  
 Team or group contact name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Scheduling & Donation Information**

Date of Application \_\_\_\_\_

We request use of  Atkinson Common Tennis Courts     Cashman Park Soccer Field     Cashman Park Ball Field  
 Cherry Hill     Perkins Ball Field     Woodman Park Ball Field     Other \_\_\_\_\_

Dates/days requested \_\_\_\_\_

Time slot requested \_\_\_\_\_  
 (1 1/2 hour blocks)

Activity \_\_\_\_\_

Number of team members \_\_\_\_\_

Park users donation (If unknown contact Parks Administrator for recommended amount) \_\_\_\_\_

**ALL APPLICATIONS MUST INCLUDE A COPY OF CURRENT CERTIFICATE OF INSURANCE.**

**IF YOUR ORGANIZATION SERVES YOUTH UNDER 18 YEARS OLD PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- A statement of your organization’s purpose including, if applicable, website, program information, brochures
- A copy of a Certificate of Insurance
- A notarized letter stating that the organization runs criminal history, CORI checks, on all staff and volunteers
- A copy of proof that the organization is certified to perform CORI checks through the State of Massachusetts

*It is expressly understood and agreed that the regulations of the Parks Commission are to be strictly complied with, and that the undersigned hereby assumes full responsibility for any damages to, or loss of, City Property in consequence of such use of the accommodations described above, and engages to make the same good without any expense to the City. The undersigned also further agrees to promptly pay such charges as may be made for the accommodations requested.*

**Authorized Applicant Signature** \_\_\_\_\_

Return completed form to:

City of Newburyport Parks  
 P.O. Box 550  
 Newburyport, MA 01950 - OR -  
 parks@cityofnewburyport.com

Direct further inquiries to  
 Lisè Reid, Parks Coordinator  
 978-465-4462  
 parks@cityofnewburyport.com

<p>For Parks Commission Use          Date reviewed _____          Approved _____          Rejected _____          Comments _____          _____          _____          Donation received _____</p>
---