



# Town of Orleans

## Recreation, Culture & Community Events

139 Main Street - Orleans, MA 02653  
508-240-3700 ext.2333

Thomas DeSiervo  
Director of  
Recreation, Culture  
& Community  
Events

### APPLICATION FOR PARK/BEACH/FIELD/FACILITY USE

All applications, with payment (if applicable), must be delivered ten (10) business days prior to the event for approval.  
Please deliver to the Recreation, Culture & Community Events Department - 139 Main Street Orleans, MA 02653

Name/Organization: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Location Requested (please check):

**Village Green**

**Community Center**

**Parish Park**

**Depot Square**

**Veterans Memorial Park**

**Other Location (list below)**

\_\_\_\_\_

#### Purpose (please check):

**Wedding**

**Concert**

**Art Show**

**Bake Sale**

**Craft Fair**

**Theatrical**

**Athletic**

**Cookout**

**Fundraiser**

**Other (list below)**

\_\_\_\_\_

#### Date(s) Requested (include rain date):

*(attach schedule if applicable)*

#### Hour(s) Requested:

*(include prep & dismantle)*

From: \_\_\_\_\_ AM / PM

To: \_\_\_\_\_ AM / PM

*(attach schedule if applicable)*

Total number of people expected: \_\_\_\_\_

Will funds be raised and/or admission be charged? (circle) YES NO

Will items be sold? (circle) YES NO

If so, for what purpose? \_\_\_\_\_

Will food be sold? (circle) YES NO

Electricity required? (circle) YES NO

I have read the Orleans Recreation, Culture & Community Events Rules & Regulations and understand and acknowledge that any expenses or damages to Town property will be incurred by my organization and that any violation may jeopardize continued use of facilities. Upon entry or use of any of the property of Town parks by any person(s) shall constitute a release by such person of the Town of Orleans, its agents or servant from any and all claims for personal injuries or property damage sustained upon such park and such release shall be binding upon such person(s), his/her personal representatives, and all persons claiming through or under him.

**Signature of Applicant**

**Date**

**Person(s) responsible for the obligations of the group and to whom a bill, if applicable, will be sent:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_