

CITY OF METHUEN
41 PLEASANT STREET
METHUEN MA 01844

STADIUM USE APPLICATION

Date _____

Main Stadium _____

Lower Field _____

Dates Needed:

Start Time: _____ End Time: _____ Total Hours Needed _____

Intended Use: _____

Number in Group/Anticipated Attendance: _____

Scoreboard: _____

Lights: _____

Group or Affiliate: _____

Address:

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does your organization carry liability insurance? _____ If so please state the amount _____ and submit a certificate of insurance with this application.
2. Is your organization an officially recognized non-profit? Yes ___ No ___
If "YES" please provide documentation of non-profit status.
3. Is admission or a fee being charged? Yes _____ No _____
4. Is there a donation requested? Yes _____ No _____

If "Yes" will the proceeds be used for: (check one)

- a. Organization's own purpose _____
- b. Charitable purpose (briefly describe) _____