

**TOWN OF HAMLIN**



**APPLICATION FOR USE OF COMMUNITY FIELDS**

**Fields:      Baseball   Soccer**

**DATE NEEDED:** \_\_\_\_\_ **TIME NEEDED:** \_\_\_\_\_

**INFORMATION ABOUT YOUR GROUP**

Name of Organization or Individual: \_\_\_\_\_

Supervisor in charge: \_\_\_\_\_

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

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

**INFORMATION ABOUT YOUR INTENDED USE OF THE TOWN OF HAMLIN FACILITIES**

Purpose of Use: \_\_\_\_\_

Total Participants Expected: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Is material or equipment required from The Town of Hamlin? Yes \_\_\_\_\_ No \_\_\_\_\_

If needed, state what types and for what purpose: \_\_\_\_\_

\_\_\_\_\_  
(Costs to repair/replace equipment/materials damaged during use by this group/individual will be the responsibility of the undersigned.)

**RENTAL FEES**

Field use fees are \$200.00 per season and must be paid to Hamlin Recreation prior to the date you are renting the Field. Dates are not guaranteed until the fee is received. Confirmation will be given to the representative listed below. Equipment/materials must be put away, garbage removed.

**AGREEMENT**

The undersigned is over 21 years of age and has read this form. He/she agrees to pay repair or replacement costs for any equipment/materials that are damaged by this organization/individual or its participants.

He/she agrees to pay the rental fees and abide by the clean-up requirement stated above. He/she agrees to be responsible to The Town of Hamlin for the use and care of the facilities. He/she, on behalf of

\_\_\_\_\_ does hereby covenant and agree to defend, indemnify and hold harmless

The Town of Hamlin from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of The Town of Hamlin's property, facilities and/or services by \_\_\_\_\_. "Hold Harmless Agreement" or a Certificate of

Insurance must be included with this form.

\_\_\_\_\_  
Today's Date: \_\_\_\_\_

Signature of Organization's Representative

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO HAMLIN RECREATION , 1658 LAKE ROAD, HAMLIN, NY 14464.  
QUESTIONS? CALL 964-7222**