

WEST BRIDGEWATER PUBLIC SCHOOLS

West Bridgewater, Massachusetts

www.wbridgewaterschools.org

APPLICATION FOR USE OF SCHOOL ATHLETIC FIELDS

NOTE: FIELD PLAYABILITY WILL BE DETERMINED BY THE ATHLETIC DIRECTOR

Individual date(s) of use: _____

Field Requested: _____ Soccer _____ Baseball _____ Field Hockey _____ Basketball/Tennis _____ Football Field _____ Track

Event Set-up Time: _____ Event Start Time: _____ Event End Time: _____

Will building access be required? _____ Access Time: _____ Exit Time: _____

Purpose for use of field: _____

Equipment Requested: _____

Admission Charge: \$ _____ Funds to be used for the following purpose: _____

Will field lining be required?: _____ Description: _____

The use of alcohol, or tobacco (including cigarettes, chewing tobacco, ecigs, vapors, cigars) in any part of a school building, or on school grounds is forbidden.

I HAVE READ THE FIELD REGULATIONS ON THE REVERSE AND WILL BE PERSONALLY RESPONSIBLE FOR THEIR OBSERVANCE. I AGREE TO ARRANGE FOR PAYMENT OF THE DETERMINED GROUNDS/RENTAL HOURS FOR THIS EVENT. IF POLICE DETAIL OR FIRE DEPARTMENT APPROVAL IS REQUIRED, I WILL MAKE ARRANGEMENTS DIRECTLY WITH THE POLICE AND/OR FIRE DEPARTMENT.

APPLICANT: PRINT

	_____ Signature	_____ Date
Name: _____	Participants: { } Residents of West Bridgewater	
Organization: _____	{ } NON Residents of West Bridgewater	
Street: _____	{ } Students of West Bridgewater	
City: _____	{ } Faculty/Departments of West Bridgewater	
State: _____ Zip: _____		
Phone: _____		

Applicant, please do not write beyond this line

Classification: A B C D N/A

APPROVALS:

Field Use Fee: \$ _____

Athletic Director Date

Custodial Rate: \$ _____

Facilities Director Date

Other: \$ _____

Estimate Attached: Yes _____ No _____

Building Principal Date

Business Manager Date

Superintendent of Schools Date

Submit Form to Building Principal for approval