



# Town of Orleans

**Nathan Sears**  
Natural Resources Manager

**Department of Public Works  
& Natural Resources**  
40 Giddiah Hill Road - Orleans, MA 02653  
508-240-3790

**Stacy Faber**  
Asst to the DPW & NR  
Director

### 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 Orleans D.P.W. & Natural Resources Office @ 40 Giddiah Hill Road - Orleans, MA 02653

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

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

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

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

#### **Location Requested (please check):**

- Nauset Beach
- Skaket Beach
- Rock Harbor
- Pilgrim Lake
- Town Landings
- Town Cove
- Eldredge Field
- Earl Dunham Field
- Other Location (*list below*)

#### **Purpose (please check):**

- Wedding
- Concert
- Art Show
- Bake Sale
- Craft Fair
- Theatrical
- Athletic
- Cookout
- Fundraiser

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

*(attach schedule if applicable)*

#### **Hour(s) Requested:**

*(include prep & dismantle)*

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

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

**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 D.P.W. & Natural Resources 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** \_\_\_\_\_

\_\_\_\_\_  
Orleans PD

\_\_\_\_\_  
Date

\_\_\_\_\_  
DPW & NR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recreation Dept

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date