Town of Orleans

Department of Public Works & Natural Resources

40 Giddiah Hill Road - Orleans, MA 02653
508-240-3790

Nathan Sears
Natural Resources Manager

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**
- ○ **Town Landings**
- ○ **Town Cove**
- ○ **Eldredge Field**
- ○ **Earl Dunham Field**
- ○ **Other Location *(list below)***

_____

Name of Event _____

_____

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

Total number of people expected: _____

Will items be sold? *(circle)* YES NO

Will food be sold? *(circle)* YES NO

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

If so, for what purpose? _____

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**