

**FIELD USE REQUEST/AGREEMENT**

Town of Easton Parks and Recreation Department  
 14 S. Harrison Street  
 Easton, MD 21601  
 Phone: (410) 822-2525 Fax: (410) 820-8016

Date \_\_\_\_\_

Name of League/Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_  
Print Name

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

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Athletic Activity: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

**FIELD SPACE REQUESTED**

Butler Field (Baseball Field) \_\_\_\_\_ Acorn Field (Soccer/Lacrosse) \_\_\_\_\_  
 Anthony Field (Baseball Field) \_\_\_\_\_ Hatcher Field (Field Hockey/Lacrosse) \_\_\_\_\_  
 Easton Club Field (Baseball Field) \_\_\_\_\_ Kerr Field (Football/Lacrosse) \_\_\_\_\_  
 Optimist Field (Baseball Field) \_\_\_\_\_ Pyle Field (Soccer/Lacrosse) \_\_\_\_\_  
 Idlewild Park Field #1 (Baseball Field) \_\_\_\_\_  
 Idlewild Park Field #2 (Baseball Field) \_\_\_\_\_

Date of Use Requested		Day of Week Requested (Please check)							Hours Requested	
From Date	To Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	From AM/PM	To AM/PM

Are you a Non-Profit Organization? \_\_\_ Yes \_\_\_ No If Yes Federal ID # \_\_\_\_\_  
 Will Fields need to be lined? \_\_\_ Yes \_\_\_ No  
 Will an admission fee be charged by your group? \_\_\_ Yes \_\_\_ No

**Please initial the following statements indicating your acceptance and understanding of the terms:**

\_\_\_\_\_ I understand players, coaches, managers and spectators are required to adhere to the behavior standards for use of Town of Easton Athletic Fields.

\_\_\_\_\_ I acknowledge the concussion awareness information has been available to me through the CDC website [www.cdc.gov/concession](http://www.cdc.gov/concession); I have reviewed it and will distribute this information to players, coaches, managers, parents and guardians.

\_\_\_\_\_ The Town of Easton Department of Parks and Recreation reserves the right to restrict field use at any time based on field conditions due to weather, maintenance activity, previous use or performance of league or organization on the Town's athletic field or for any other reason.

**Precedence for athletic field use is as follows:**

1. Organized Community Groups – in season athletics (non-profit)
2. Organized Community Groups – out of season athletics (non-profit)
3. Private Organizations – in season athletics (profit)
4. Private Organizations – out of season (profit)
5. Special Events – Non Departmental

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**I have attached the following information:**

\_\_\_\_\_ Organization Qualification form

\_\_\_\_\_ League Insurance Certificate specifying coverage for the duration of the reservation request naming **Town of Easton as additional insured.**

\_\_\_\_\_ Official team game and practice schedule.

**Application will not be accepted and fields will not be reserved until all information is received.**

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The applicant whose signature is below assumes the responsibility to leave the facilities and grounds in an acceptable condition

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Signature of Applicant Contact

Date

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**Office Use Only**

Application received \_\_\_\_\_

Request Granted \_\_\_\_\_

Request Denied \_\_\_\_\_

Lorraine Gould

Director of Parks and Recreation

*\*Application must be received at least 2 weeks prior to use of fields.*

**TOWN OF EASTON  
PARKS AND RECREATION DEPARTMENT  
ORGANIZATION QUALIFICATION FORM**

Organization Name \_\_\_\_\_

Date Organized \_\_\_\_\_

Incorporated (Circle one)    Yes    No

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Home Phone Number \_\_\_\_\_

Contact Work Phone Number \_\_\_\_\_

Contact Cell Phone Number \_\_\_\_\_

Contact email address \_\_\_\_\_

Is your organization affiliated with a national organization? (Circle one)    Yes    No

If so, list the national organization \_\_\_\_\_

List your Board of Directors including address and phone numbers or attach additional sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your process of screening your volunteers, coaches, officials and others involved in your program (attach additional sheet if necessary). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many current participants are active in your organization? \_\_\_\_\_

Is your organization intended to provide sports activities for youth or adults? \_\_\_\_\_

Does your organization exclude participants based upon race, color, religion, national origin or any other basis prohibited by law? (Circle one)    Yes    No

Please provide information regarding insurance that your organization maintains. (Attach a certificate of insurance or declaration page from your policy showing Town of Easton is named as an additional insured.) \_\_\_\_\_

\_\_\_\_\_

Please provide or attach any other information regarding the objectives of your program.

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I hereby certify that the information provided is true and complete. I hereby acknowledge that any authorizations for field usage can be revoked at any time for any intentional misrepresentation of facts included in this Organization Qualification Form or for any other violation of the Town of Easton park use rules and regulations.

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Signature

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Print Name

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Date