

**Town of Dexter Parks and Recreation Department**

**Access Authorization Form**

**Contact Information (please print legibly)**

Name of individual or organization \_\_\_\_\_

Street address \_\_\_\_\_ Town \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Activity/ Event**

Purpose of Activity or Event and description \_\_\_\_\_

\_\_\_\_\_

Expected Attendance \_\_\_\_\_

Will the public be admitted? \_\_\_\_ Y \_\_\_\_ N

Will there be admission? \_\_\_\_ Y \_\_\_\_ N      If yes, admission charge \$ \_\_\_\_\_

Is this event a fund-raising activity? \_\_\_\_ Y \_\_\_\_ N      Explanation \_\_\_\_\_

Is this a commercial (for profit) event? \_\_\_\_ Y \_\_\_\_ N      Explanation \_\_\_\_\_

**Select Facility**

Eleanor Ronco Smith Park \_\_\_\_\_ Crosby Park \_\_\_\_\_

Wayside Park \_\_\_\_\_ Town Hall Upper Level \_\_\_\_\_

Town Hall Lower Level \_\_\_\_\_

Date(s) requested \_\_\_\_\_ Entrance Time \_\_\_\_\_ Exit Time \_\_\_\_\_

**Rental fees need to be paid in FULL 48 hours prior to reservation date**

**All Activities must be concluded by 10PM**

**It is understood through the submission and signature on the application that:**

1. Additional charges may result after use of facilities (e.g. Cleanup, Damages, etc.)
2. Total fees are DUE prior to planned event date(s)
3. Any damages sustained to the facility during its use will be considered the responsibility of the person/organization, and will be billed for nay repairs needed to restore it to its original condition.

\_\_\_\_\_Yes I have read the Dexter Rules and Regulations Policy

\_\_\_\_\_I understand that I and/or organization I represent accept responsibility for compliance with the Dexter policies and regulations contained within and payment of fees and subject to additional assessment in the event of damages associated with the use of the facilities. Failure to do so may result in failure of future use of the facilities.

**NOTE: UPON APPROVAL OF THE REQUEST THIS FORM WILL BECOME A BINDING CONTRACT**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RECREATION DIRECTOR'S SIGNATURE \_\_\_\_\_

**Town Office Use Only:**

Deposit \$50 \_\_\_\_\_

Refund Deposit Y \_\_\_\_\_

Rent \$50 \_\_\_\_\_

Name \_\_\_\_\_

Skates \$25 \_\_\_\_\_

Address \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

\_\_\_\_\_