



**TOWN OF DRACUT**  
**RECREATION DEPARTMENT**

TOWN OFFICE  
11 SPRINGPARK AVENUE - Room No. 4  
DRACUT, MA 01826  
Phone: (978) 458-4478 - Fax: (978) 937-9885

**LORI CAHILL**  
Recreation Director

**REQUEST FOR FIELD / FACILITY USE**

Name: \_\_\_\_\_ Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Field/Facility Requested: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

# of Participants: \_\_\_\_\_

Are you charging a registration fee? \_\_\_\_\_ If so, how much? \_\_\_\_\_

The above understands that they are the party responsible for the use of the above field (facility) and that any damages to the property deemed as excessive or other than normal "wear and tear" may result in a fee to repair said damages. The Town of Dracut reserves the right to revoke any and all permits due to weather, violation of permit, or for any reason that jeopardizes the safety of the participants or the integrity of the facility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason(s): \_\_\_\_\_

Insurance Binder provided: \_\_\_\_\_ Fee(s): \_\_\_\_\_

\_\_\_\_\_  
Lori Cahill, Recreation Director

\_\_\_\_\_  
Date