



Smithfield Recreation Department

1 William J Hawkins Jr Trail

Smithfield, R.I. 02917

Phone: (401) 349-0612

Application for Use of Recreation Facility

Name of Association: _____

Principal Officer/Renter: _____

Street: _____ City: _____ Zip: _____

Telephone #: _____ Email: _____

Insurance Carrier: _____

Insurance Certificate Attached with Town Listed as Additional Insured: Yes _____ No _____

Rental Information

Facility Desired for Event: _____

Nature of Event: _____

Date of Event: _____

Hours Requested for Event: From: _____ To: _____

Concession Stand Usage: Yes _____ No _____ Damage Deposit: \$ _____

Association Roster Attached: Yes _____ No _____ Percentage of Smithfield Residents: _____

Number of Fields Requested for Event: _____ Field Layout Attached: Yes _____ No _____

Practice Schedule Attached: Yes _____ No _____ Game Schedule Attached: Yes _____ No _____

Approximate Number of People to be in Attendance: _____

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Please return this application to the Recreation Office at least 4 weeks prior to the date of the event. Insurance information, roster information, practice schedules, and game schedules must be received before a permit will be issued. The association scheduled to use a Town Recreation Facility will be held responsible for all personal injury and damages resulting from the event and any lost, stolen, or damaged equipment or property.

Approved by: _____ Date: _____