



Town of Skowhegan  
Skowhegan Parks & Recreation Department

**Athletic Field**  
**Rental Application & Agreement**

Location: 39 Poulin Dr / Mailing: 225 Water St  
Skowhegan, ME 04976  
Phone: 474-6901/Fax: 474-6913  
[skowrec@skowhegan.org](mailto:skowrec@skowhegan.org)

**APPLICANT INFORMATION**

Skowhegan Resident Applicant's Name \_\_\_\_\_

Team/League Name \_\_\_\_\_

Team Coaches: \_\_\_\_\_ Tele.# \_\_\_\_\_

Team Coaches: \_\_\_\_\_ Tele.# \_\_\_\_\_

Team Representative: Skowhegan Resident Designated Team Point of Contact:

\_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**FACILITY RESERVATION INFORMATION**

Athletic Field Requesting: \_\_\_\_\_

Purpose of Use:  Skills Camp/Clinic  Practice  Tournament  Games

\*(For any Organized Game/Tourney Play a Town Ballfield Facility Use Agreement must be approved by the Town prior to use; See Agreement Requirements)

Day(s)/Date(s) Requested: \_\_\_\_\_

Actual Event Start Time: \_\_\_\_\_ Actual Event End Time: \_\_\_\_\_

Set-Up Arrival Time: \_\_\_\_\_ Clean-Up Complete Departure Time: \_\_\_\_\_

Sport to be played: \_\_\_\_\_

Description of Event: (Please include an event flyer if produced)

\*Field availability is based on user priority list, field use restrictions, conditions, weather, and resting schedule.

Max # of participants: 50 per State Requirement Age of Participants: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Is there an Entry Fee: \_\_\_\_\_

**GAME PLAY & TOURNAMENT FIELD PREPERATION RATES**

**Baseball/Softball**

\$45.00hr. per staff per hour. (Min. 2 staff)

Includes Full Service before and between games as needed; Staff will use infield equipment to drag as well as line infield, batters' boxes, rake & provide line material.

\*The Town of Skowhegan and/or the Skowhegan Parks & Recreation Department may require additional permission, permits, fees, and security deposit in some cases. The Town reserves the right to increase the fees based on the nature of activity. Trash, Storage, porta-potties, police coverage, etc may be an addition charge which will be determined the Town.

**A REQUEST MAY BE DENIED WHEN PREVIOUS USAGE WAS UNSATISFACTORY, NON-PAYMENT, UNSAFE OR IT IS JUDGED NOT TO BE IN THE BEST INTEREST OF THE COMMUNITY.**

**Please submit facility use application, documentation and fees to:**

MAIL to: Skowhegan Recreation Department c/o Denise LeBlanc, Director, 225 Water Street Skowhegan, ME 04976

Fax: 207 474-6913 or Email [skowrec@skowhegan.org](mailto:skowrec@skowhegan.org). OR schedule drop off by calling (207) 474-6901.

*The Skowhegan Parks & Recreation Department is committed to provide high quality, safe playing surfaces for our multi-use athletic facilities. In order to reach this goal, we need the cooperation of all user groups in protecting the turf from excessive damage due to game and practice activities. The turf grass is the safety surface for the athletic fields. By signing the rental agreement, you are agreeing to cancel or postpone scheduled games and/or practices if any unsafe playing condition occur including adverse weather conditions.*

*By signing I have read, understand and agree to comply with all rental guidelines, policies and procedures. I and/or the organization agree that I/We shall indemnify and hold harmless the Town of Skowhegan, Parks & Recreation Dept., its officials, employees, agents and assigns from and against any and all claims, damages, losses, actions, liabilities and expenses, including but not limited to reasonable attorney fees, arising from or in connection with the undersigned's access t o and use of the reserved facility.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_

Application:                      Approved                      Disapproved                      Date: \_\_\_\_\_

Agreement:                      Approved                      Disapproved                      Date: \_\_\_\_\_

Amount Due \$ \_\_\_\_\_                      Date Paid: \_\_\_\_\_                      Receipt # \_\_\_\_\_

COVID-19 Waivers Returned Date: \_\_\_\_\_                      Agreement Documentation Returned Date: \_\_\_\_\_