

GROUP NAME: _____ 501C3 NUMBER (preferred if seeking fee waiver): _____

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____

CONTACT NUMBER(S): _____ EMAIL(S): _____

NAME OF EVENT: _____

DATE(S) REQUESTED FIRST CHOICE: _____

DATE(S) REQUESTED SECOND CHOICE: _____

TIME REQUESTED: _____ AM/PM TO _____ AM/PM (Please include setup and cleanup time)

NUMBER OF PARTICIPANTS:

CHECK APPLICABLE	PARTICIPANTS	FEE
<input type="checkbox"/>	0-50	\$ 25
<input type="checkbox"/>	51-99	\$ 50
100 or More See Large Event Application		

Area(s) Requested (Please be sure to indicate **all** areas which will be used during event, note there is a separate fee for each area requested):

- | | | |
|---|---|--|
| <input type="checkbox"/> Skating Rink | <input type="checkbox"/> Bike Course Pavilion- Kimball Pavilion (located next to Criterium Bicycle Course) | <input type="checkbox"/> Festival Area (multipurpose field adjacent to Little Nini Pond) |
| <input type="checkbox"/> Dog Park | <input type="checkbox"/> Little Nini Beach Pavilion (located adjacent to Little Nini Pond in Ninigret Park) | <input type="checkbox"/> "Overflow" Festival Area (field located adjacent to playground area) |
| <input type="checkbox"/> Disc Golf Course | <input type="checkbox"/> WestFest Field | <input type="checkbox"/> "Overflow" Festival Area II (field located south of road adjacent to playground area and next to the Frosty Drew Nature Center) |
| <input type="checkbox"/> Playground Area | <input type="checkbox"/> Soccer Fields | <input type="checkbox"/> Wicklund Field |
| <input type="checkbox"/> Tennis Court(s) | <input type="checkbox"/> Camping Area (field located adjacent to soccer fields) | <input type="checkbox"/> Puchalski Field |
| <input type="checkbox"/> Bike Track (Criterium Bicycle Course) | | |
| <input type="checkbox"/> Viewing Tower (Located at Criterium Bike Course) | | |

Other (Please explain and describe): _____

 The event organizer agrees to notify the Parks & Recreation Department of a cancelled event as soon as possible. All races (cycling, runs, walks etc.) are required to have CPR/FIRST AID/AED Certified Professional present.

*Please note: NO REFUNDS will be issued for the cancellation of any private rental, including but not limited to cancellations due to weather.

***Please sign the following acknowledging trash removal responsibility.

I agree to remove all trash associated with my event.

Name: _____ Date: _____

Mail: Parks & Recreation 4540 South County Trail, Charlestown, RI 02813

Email: recreation@charlestownri.org

Phone: (401)364-1222

FAX: (401) 364-1238