



TOWN OF DANVERS
RECREATION DEPARTMENT

Danvers Town Hall
1 Sylvan St.
Danvers, MA 01923
Tel. 978-777-0001 x. 3094
Email: recreation@danversma.gov

FIELD PERMIT REQUEST

Group/League Name: _____

Field or fields: _____

Purpose: _____

Date(s) / Hours Requested

<u>Day</u>			<u>Dates</u>				<u>Time</u>		
	thru		Starting		Ending			until	
			Starting		Ending			until	
			Starting		Ending			until	

Comments:

Name of Applicant/Field Coordinator: _____

Address of applicant: _____

Cell Phone # of Applicant: _____

E-mail of Applicant: _____

Insurance Certificate Provided? Yes _____ No _____

If this is a League:

Name of League President: _____

Address of League President: _____

Phone # of League President: _____

Email of League President: _____

Field requests take a minimum of 2 weeks for approval. Please see Field Permit Policy for information.