



City of Brockton
 Park Department
 45 Meadow Lane
 Brockton, MA 02301
 (508) 580-7860 Fax: (508) 580-7874

2026 Application for the Use of Recreation Fields (Leagues Only)
APPLICATIONS MUST BE RECEIVED SEVEN DAYS PRIOR TO START OF SEASON/EVENT.

Name of Organization/Individual: _____ Program Coordinator: _____

Mailing Address: _____
Street Address City State/Zip

Contact Phone: _____ Email Address: _____

Is your group? Profit _____ Non-Profit _____

Will admission/fee be charged? Yes _____ No _____ Number expected to attend? _____

Mandatory: FOR YOUTH LEAGUES - Attach a CURRENT CERTIFICATE OF INSURANCE showing A MINIMUM OF \$100,000 General Liability Coverage and naming the City of Brockton as an "ADDITIONAL INSURED".

I certify that our organization is C.O.R.I. certified and that all volunteers have been C.O.R.I. checked as required by Massachusetts State Law (Chapter 385 of the Act of 2002-Sec 172H).

Signature of Organization's President: _____

Type of Activity or Program: _____

Name of Field/Facility: _____ ****Tukis requires an additional \$10.00 Key Fee.**

Start Date: _____ to End Date: _____

Times Requested:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I, _____ as Program Coordinator/League President, have fully read the field rules and regulations provided to me by the City of Brockton Park Department. During the time of the use of the field, I agree that all persons associated with my organization shall abide by all the rules and regulations. I also agree that failure to abide by these rules will result in the immediate revocation of permit from the Brockton Park Department. I/We assume all risks and hazards incidental to such participation including transportation to and from the activity. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Brockton, Brockton Park Department, its servants and employees for any injury or loss of property that may be incurred by anyone using City's facilities under the City of Brockton Park Commission.

Authorized Signature _____ Date _____

Please provide best contact information for the Public's Request.

Name: _____ Phone # _____