



**FIELD OF
DREAMS**
PO Box 2334, Salem, NH 03079

Field of Dreams **Student Parking Permit Info** **2023-2024**

All **Field of Dreams** parking permit requests must include the following:

- **Current Driver's License**
- **Vehicle Registration with a current Expiration Date**
- **Vehicle Insurance with a current Expiration Date**
- **Student Registration Agreement Form (*completed*)**

Your **Field of Dreams** parking permit must be displayed on the windshield: driver's side or under the rear-view mirror.

All illegally parked vehicles will be towed at the owner's expense.

Rules & Regulations

- All forms must be accompanied by copies of the **Current Driver's License**, **Current Vehicle Insurance** (showing a current expiration date and the student's name as an insured), & **Current Vehicle Registration** (showing a current expiration date).
- **PLEASE BE SURE THE EXPIRATION DATES ON YOUR PAPERWORK ARE CURRENT, AND UPDATE DOCUMENTS AS NEEDED!**
- Parking Permits are available and issued from **August 30, 2023, to June 12, 2024**.
- Parking Permits issued are valid for parking Monday through Friday, until 2:45 PM **ONLY**.
- **Payment must be received to reserve the space.** If payment has not been received by the start of the period requested, **Field of Dreams Inc.** will assume you no longer want the parking spot, and the spot will be filled with the next student on the waiting list.
- Forms and payments may be dropped off at the **Ingram Senior Center, 1 Sally Sweet Way, Salem, NH03079**.
- **Make checks payable to the Field of Dreams.**
- Failure to pay will result in loss of parking permit.
- Parking Permits **CANNOT** be transferred to other students.
- Vehicles must be parked within the lines appropriately.
- **Parking Permits will be revoked if information is not up-to-date or missing.** You must notify **Field of Dreams, Inc.** (603.943.3390) immediately with any changes regarding your vehicle.
- Reckless driving such as speeding, peeling out, disobeying traffic signs, etc. will result in loss of parking privileges.
- An administrative fee of \$5.00 will be charged for Replacement Parking Permits.
- If you have paid your parking fees and are up to date with all required information, you will have first right of refusal to park next school year. However, you must request your name be added to the **2023-2024** list by the end of the 2022-2023 school year (May-June).
- **The Field of Dreams is NOT responsible for any damage to vehicles or lost/stolen items.**

If you have any questions or concerns, please contact the Field of Dreams:

Email: fieldofdreamsnh@yahoo.com **Phone:** 603.943.3390

OR you can contact the Community Services Department: 603.890.2003.



FIELD OF DREAMS
PO Box 2334, Salem, NH 03079

DATE _____
VERIFICATION _____

Field of Dreams
Student Registration Agreement
2023-2024

DRIVER INFORMATION

Name _____ Grade _____
 Address _____
 Town _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Email Address _____
 Driver's License # _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Color _____
 Insurance Carrier _____ Policy # _____ Plate _____

PARENT/GUARDIAN INFORMATION

Name _____ Home Phone _____
 Work Phone _____ Cell Phone _____
 Name _____ Home Phone _____
 Work Phone _____ Cell Phone _____

COMMITMENT: Full Year _____ (August 30, 2023, to June 12, 2024)

<u>Session Rates</u>		
FULL YEAR:	August 30, 2023, to June 12, 2024	\$500.00
<p>All parking revenues go to support the Field of Dreams, Inc., a 501(c)(3) non-profit organization that fully maintains the park & playground and holds events without the aid of taxpayer dollars.</p> <p>Please understand that there can be <u>NO REFUNDS</u> after the second week of the session.</p> <p>Refunds** will be at the discretion of the Field of Dreams Board of Directors.</p>		

NOTE: If a student parks illegally, their car **will be towed.**
 If a student allows another student to use his/her pass, their parking permit **will be revoked.**

I have read, understand, and agree to the RULES & REGULATIONS.

Student Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

****A service fee of \$15.00 will be assessed per refund.**