



This policy has been established to create an equal and standard method of providing usage of the Field of Dreams to groups and individuals in and around the Town of Salem. The Field of Dreams is a 501(c)(3) non-profit organization with an all-volunteer board that strives to create a positive experience for all those that use the park. All requests should be submitted to the Field of Dreams, Inc., PO Box 2334, Salem, NH 03079 or can be dropped off at the Ingram Senior Center at 1 Sally Sweet Way, Salem, NH 03079. For questions, contact Pat at 603.943.3390 or the Community Services Department at 603.890.2003.

This agreement is designed for all groups. The fee structure below covers groups of 20-50 people. Groups of 20 or less need only provide the security deposit.

For groups of 51+ fill out the form and submit. A Field of Dreams representative will contact you to discuss logistics of park usage for large groups and board approval.

- Please understand that approval of any request does not provide sole usage of the park. It will remain open for any and all those that want to use the facility for the day.
A security deposit of \$100 must be submitted in a separate check with the application. The security deposit will be returned if the facility is left in the same or better condition than when you arrived.
You will need to notify Field of Dreams (Pat) of a cancellation no less than 72 hours in advance in order to receive a refund.
Notify the Field of Dreams (603.943.3390) as soon as possible if you intend to use your rain date.
All debris from your group must be cleaned up before you leave the park.
Please be aware that there is limited parking at the Field of Dreams. Additional parking is available at the Salem Town Hall or the Salem District Court House when not in operation.
Please understand that your group is required to abide by all facility rules and regulations, listed in the Salem Municipal Code 359.
There is no Liquor or Alcohol allowed within the park (SMC 359-14)
No Dogs or other animals are allowed into the park with the exception of service animals as defined by the ADA. (SMC 359-12 D)
The fees to reserve the park are as follows:

Table with 4 columns: Facility Request, Non-Salem Resident Rate, Salem Resident Rate, Access. Rows include Facility Request Up to 4 hours, Facility Request 4 to 8 hours, Facility Request 8 to 12 hours, and Access to Electricity.

Field of Dreams, Inc. PO Box 2334, Salem, NH 03079 fieldofdreamsnh@yahoo.com



FIELD OF DREAMS

Field of Dreams Park & Playground Facilities Usage Request

In cooperation with Community Services -Town of Salem, NH

Please complete this form to request usage of the Field of Dreams Park & Playground. Completion of this form does **NOT** guarantee that the park is available.

If you have questions, please contact Ross at 603.233.4455 or the Community Services Department at 890-2003. Office hours are 8:30AM to 4:30PM, Monday through Thursday and 8:30AM to 3:30PM on Friday.

Today's Date _____ Organization Name _____

Contact Person _____ Title _____

Address _____

Email _____ Phone _____ Cell _____

DATE OF ACTIVITY _____ RAIN DATE _____

ACTIVITY _____ NUMBER OF ATTENDEES _____

ARRIVAL TIME _____ END TIME _____ NUMBER OF VEHICLES _____

FEE AMOUNT _____ CHECK # _____ PAID DATE _____

Will this event have food/be catered? Y N Will there be an entrance fee charged? Y N

Will you be bringing in a grill? Y N Will you need access to electricity? Y N

*(**A special permit is required and must be obtained through the Community Services Department.)*

Please select all of the areas that you plan to use:

Stage _____ Playground _____ Picnic Area _____ Hiking Trails _____ Volleyball Court _____ Fitness Trail _____

Special Needs/Requests _____

This General Release and Indemnification Agreement dated _____ is between
(Organization/person Name) _____ and the Field of Dreams, Inc.

I/We are requesting permission to use the Field of Dreams Park and Playground and have completed the required Facilities Usage Request Form.

I/We do hereby knowingly and voluntarily remise, release, acquit, and forever discharge and further agree to hold harmless and indemnify the Field of Dreams, Inc., its boards, officers, agents, employees, volunteers, and their successors and assigns, of and from any and all manner of action and actions, cause and causes of action, suits, damages, judgments, executions, claims for personal injuries, property damage and demands whatsoever, in law or in equity which he/she had, now has or which his/her heirs, executors or administrators hereafter can, shall or may have against the Field of Dreams, Inc. or the Town of Salem for any matter relating to the use of the Field of Dreams.

The requesting organization/person assumes any and all responsibility when using the facility for special use and will see that the facility is cleaned and made presentable before leaving the premises and will immediately report any damages incurred.

Signature of Authorized Agent

Telephone #

Date

Mailing Address

City/Town

State/Zip Code

Field of Dreams, Inc.

PO Box 2334, Salem, NH 03079

fieldofdreamsnh@yahoo.com