



Facility Use Application – Ballfields & Pavilions
17 Wilson Road
Rising Sun, MD 21911
410-392-4537 & 410-658-3000 Fax: 410-658-3011

Application for the use of:

Park Name: _____

Amenities requested: _____

Date/Time:

_____ One Day only: ____/____/____ Time: _____ am/pm until _____ am/pm

_____ Recurring Event: Start Date: ____/____/____ End Date: ____/____/____ Number of 2 hour blocks _____

Indicate which day (s): _____ Sunday Time: _____ am/pm until _____ am/pm

_____ Monday Time: _____ am/pm until _____ am/pm

_____ Tuesday Time: _____ am/pm until _____ am/pm

_____ Wednesday Time: _____ am/pm until _____ am/pm

_____ Thursday Time: _____ am/pm until _____ am/pm

_____ Friday Time: _____ am/pm until _____ am/pm

_____ Saturday Time: _____ am/pm until _____ am/pm

Recurring event dates (list all) _____

FOR THE PURPOSE OF: _____

Applicant's Name: _____ Name of Organization: _____ Age Group _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____

USE OF COUNTY FACILITIES:

Cecil County recognizes that the use of park facilities is frequently desired by numerous groups in order to carry on their activities. The following rules and regulations are established to insure equitable use among all user groups.

FACILITY RULES:

1. Vehicles must park in designated parking areas. Parking is restricted to the parking lots and the OUTER side of the roadway. There are NO VEHICLES, unless authorized, permitted on any grass surface areas of County facilities. It is the responsibility of the applicant to ensure that vehicles do not park in undesignated areas. Failure to comply may result in termination of this contract.
2. User responsible for clean-up of all trash and debris subsequent to use
3. electricity is not available for usage in the park
4. Alcoholic beverages not permitted in public parks
5. Consideration of other using the park is important, consequently pavilion users are requested to control noise and other activities which may affect the enjoyment of other park visitors.

USER PRIORITY:

Priority for use of park facilities shall be as follows:

- 1st Priority: Any County Parks & Recreation sponsored activity.
- 2nd Priority: Any program that is directly affiliated with the County
- 3rd Priority: County Citizens
- 4th Priority: Non-Profit recreation programs for the youth.
- 5th Priority: All other users, such as volunteer agencies, religious groups, school groups, civic groups, on a first come first serve basis.

BALLFIELD USE:

All County ball fields are available for use by permit only! Ball fields are available for two hour blocks of time. Each two hour block of time will be charged the following:

- Resident Adult Play - \$25.00/2 hour block
- Non Resident Adult Play - \$50.00/2 hour block
- Resident Youth (under 18) Play - \$15.00/2 hour block
- Non Resident Youth (under 18) Play - \$30.00/2 hour block

If an applicant is not a Cecil County resident but can show more than 51% of their organization resides in Cecil County, resident fees would apply. The Recreation Department reserves the right to request detailed enrollment/roster information if necessary from user groups to determine status.

APPLICATION PROCEDURE:

Groups interested in using County Park facilities must submit an application to the Parks and Recreation Department 7 days prior to the date of the requested event. Each application must contain signature of the individual directly in charge of said activity. Each application for league play/practice must be submitted with PROOF OF LIABILITY INSURANCE. Cecil County Government must be named as an additional insured on all certificates of insurances submitted.

AGREEMENT

I, the undersigned authorized representative of the named organization in this application, agree to abide by the rules and regulations of the County Commissioners and all applicable laws and agree to indemnify and save harmless the County Commissioners, it's employees and agents from any act of commission or omission which may result in any personal injury or property damage arising out of the organizations use of County facilities.

Applicant's Signature: _____ Date: _____

For Office Use Only:			
Date Received: _____	Proof of Insurance Submitted: _____	YES _____	NO _____
Approved _____	Denied _____	By : _____	Date: _____
Total Fees: _____	Amount received: \$ _____	Date: _____	Check # _____