



**CITY OF SALEM, MASSACHUSETTS**  
PARK, RECREATION & COMMUNITY SERVICES  
401 BRIDGE STREET, SALEM, MA 01970

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**DOMINICK PANGALLO**  
MAYOR

**PATRICIA O'BRIEN**  
SUPERINTENDENT

**SALEM PARKS AND RECREATION FIELD/COURT PERMIT APPLICATION**

- 1) Name of Applicant/Team/Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_
- 2) Is Team/Organization Salem Based: YES NO (circle one)  
Is Team/Organization All Volunteer: YES NO (see Policy for description)  
If Registered, provide Nonprofit EIN# \_\_\_\_\_ or Mass. Bus ID# \_\_\_\_\_
- 3) Field/Court Requested: \_\_\_\_\_ Sport using Field/Court: \_\_\_\_\_  
Hourly Dates: \_\_\_\_\_ Times: From \_\_\_\_\_ To \_\_\_\_\_  
OR  
Seasonal Dates: Spring / Summer / Fall (circle one) Day: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Lights Requested: (if available) Yes No Time Lights ON \_\_\_\_\_ Time Lights OFF \_\_\_\_\_
- 4) Requesting Amplified Sound: YES NO If YES, Start time \_\_\_\_\_ End Time \_\_\_\_\_
- 5) Requesting Vendors: YES NO If YES, How Many \_\_\_\_\_ Product: \_\_\_\_\_
- 6) Requesting Canopies/Tents: YES NO If YES, How Many \_\_\_\_\_ Size \_\_\_\_\_
- 7) Request to Place Portable Toilet(s) YES NO If Yes, How Many \_\_\_\_\_
- 8) Other Miscellaneous Requests: \_\_\_\_\_
- 9) Is the Space being requested to be used for a Fundraiser? YES NO

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Date Received: \_\_\_\_\_ Date Available: YES NO

Fee: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Fee Received by: \_\_\_\_\_

Commission Decision Needed: YES NO Date Approved/Denied: \_\_\_\_\_

Comments/Restrictions \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_