



# CITY OF EASTHAMPTON PARKS & RECREATION COMMISSION

1 Daley Field Road  
Easthampton, Massachusetts 01027  
Telephone #: (413) 529-1440  
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Commission Members:  
Arthur H. Lussier, Chairman  
John J. Sheehan, Secretary  
Robert W. Biardi  
Ronald R. Hiltbold  
Andrew Hunter  
James P. Ramsey

Director

www.easthampton.org  
E-mail: [parksandrec@easthampton.org](mailto:parksandrec@easthampton.org)

**Please call or e-mail for availability, then fill out this form and submit.**

### Picnic Rental Application

Site Number \_\_\_\_\_  
Date: \_\_\_\_\_  
Set up Time: \_\_\_\_\_  
Event Hours: Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Type of Event \_\_\_\_\_ # People expected \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Organization \_\_\_\_\_

Non-Profit #: \_\_\_\_\_

Name of Responsible Person on sit (if different from applicant) \_\_\_\_\_

Please indicate the following:

Will alcohol be served?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will other equipment be brought on site?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Will alcohol be sold?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will sound amplification be used?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Must contact 529-1470 for alcohol permit.			Bounce House	<input type="checkbox"/> yes	<input type="checkbox"/> no

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed in this application and that the information I supplied here in is true and correct. I have carefully read, considered, and agreed to abide by all rules and regulations shown on the enclosures.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I agree to the above terms and conditions.

**This form must be returned to Park and Recreation Office with 2 proofs of residency (if resident).**