



**TOWN OF RYE**  
**10 Central Road, Rye, NH 03870**  
**Phone (603) 964-5523 Fax (603) 964-1516**  
**Email: jireland2@town.rye.nh.us**



## **PARSONS FIELD APPLICATION**

Date(s) of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of attendees expected \_\_\_\_\_ Number of vehicles expected \_\_\_\_\_

Plans for Traffic and Crowd Control (Police): \_\_\_\_\_

\_\_\_\_\_

Plans for Parking: \_\_\_\_\_

\_\_\_\_\_

Toilet Facilities to Be Provided: \_\_\_\_\_

Set Up Requirements: \_\_\_\_\_

\_\_\_\_\_

Clean Up Plan: \_\_\_\_\_

\_\_\_\_\_

### **Required**

- Liability Insurance: A Certificate naming Town of Rye as additional insured.
- Use Fee: \$50.00 per day (This fee may be waived at the discretion of the Board of Selectmen.)

I certify that the above information is correct under penalty of RSA 641:3, Unsworn Falsification.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this application and return it to the Rye Selectmen's Office at least four weeks prior to the scheduled event. If you have any questions, please contact the Selectmen's Office.**