



TOWN OF RYE
10 Central Road, Rye, NH 03870
Phone (603) 964-5523 Fax (603) 964-1516
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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 Select Board)

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.