



Town Hall, 334 Main Street
Great Barrington, MA 01230

Telephone: (413) 528-3206
Fax: (413) 528-3064

TOWN OF GREAT BARRINGTON MASSACHUSETTS

OFFICE OF THE PARKS COMMISSIONERS

Thank you for your interest in the Great Barrington Parks.

To Plan a Park Event:

It is recommended that this request be submitted to the Commission as **early** as possible. Submit your Park Usage Request form and **proof of Liability Insurance by the first of the month prior to the month of your event date.** This will allow the request to be placed on the monthly agenda for discussion and vote.

Example: Event date: July 5, 2017, form must be submitted by June 1, 2017

It is **strongly recommended** that the applicant (or a designee) attend the meeting in which the request will be considered. The commissioners' discussion often includes clarifying questions for the applicant. Failure to attend could result in denial of your request. **First time applicants MUST** attend the meeting when their application will be discussed.

All meetings are posted on the town website: www.townofgb.org. Click on "Meetings Calendar." The Parks Commission meets on the second Monday of the month at the Mason Library at 5:00 pm unless otherwise posted.

IF YOU HAVE QUESTIONS, LET US HELP YOU. Inquiries can be made by calling Carolyn, board secretary, at the Building Inspector's Office, 528-3206 or visit the office at 20 Castle Street next to the Mahaiwe Theater or email the Board Secretary at cwichmann@townofgb.org

PARK USAGE REQUEST

NAME OF ORGANIZATION:

ADDRESS OF ORGANIZATION:

ADULT RESPONSIBLE FOR EVENT:

PHONE/CELL NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

PARK SPACE REQUESTED:

DATE(S):

TIME(S):

DESCRIPTION OF EVENT:

ADMISSION FEE Yes No

ESTIMATED ATTENDANCE:

OF ADULT CHAPERONES:

***A Certificate of Liability Insurance is REQUIRED. If alcohol is being served a Certificate of Liquor Liability Insurance is also required. A letter from your insurance agent is NOT acceptable.**

If requesting to use the space for multiple days, please provide details:

IF APPLICABLE: POLICE: BOARD OF HEALTH (if food is to be served):

SELECTBOARD'S OFFICE (ALCOHOL OR ENTERTAINMENT):

DPW FOR GARBAGE PICK-UP: EMT PRESENT: FIRST AID AVAILABLE:

Please provide additional information that would be helpful for the Commission in approving your request.

The following is an outline of logistics for the day:

Food:

Entertainment:

Alcohol:

Set-up/Clean-up:

Parking:

DON'T FORGET TO ATTEND THE SCHEDULED MEETING!