



# Outdoor Reservation Form

## Weddings, Special Events, Bleachers, and Field/Court Lights

### SCARBOROUGH COMMUNITY SERVICES

P.O. Box 360  
Scarborough, ME 04070-0360  
(207) 730-4150 Fax: (207) 730-4165

<http://www.scarborough.me.us/commserve/index.html>

02-23-2015

### Important Information for Applicants

- Please complete each line on this form.
- We ask that all facility requests be submitted at least seven days in advance so that we may better meet your needs.
- The appropriate fee is due upon application submission.
- Applicant is considered the authorized representative and does agree to ensure that all Community Services policies will be followed and, further, does agree to pay all costs pertaining to event use.

### Lights

- Fields with lights: McFarland Baseball Field, Multi-Use Softball Field, Varsity Softball Field, and Multi-Use Field/Route 114
- Payment for lights is expected at reservation time. It will be the responsibility of the authorized organization representative to cancel the lights whenever a change has been made to the schedule.
- Each applicant must first obtain a MUSCO ID through the Community Services Office (730-4150). It is important to get the ID prior to the event.
- A strobe light will flash at the conclusion of the applicant's requested scheduled light time. At that point, lights will remain on for an additional 10 minutes (only) for safety purposes. The light may be extended by the applicant by calling a specific telephone number. **Lights may be extended for no more than 30 minutes maximum.**

### Applicant Information

Name of Applicant \_\_\_\_\_ Name of Organization (if applicable) \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_

P.O. BOX (if applicable) \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Organization Representative \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Facility Request

Please check request need: Wedding \_\_\_\_\_ Other \_\_\_\_\_

Facility requested: Park/Trail/Beach/Tennis Court/Basketball Court (Name beach or park here) \_\_\_\_\_

Estimated attendance: Participants \_\_\_\_\_ Spectators \_\_\_\_\_

Date(s) Requested	Day of Week	Set-Up Time		Event Time		Breakdown Time		Fees
		Start	End	Start	End	Start	End	

### Light Request

Facility requested: McFarland Baseball Field \_\_\_\_\_ Multi-Use Softball Field \_\_\_\_\_ Varsity Softball Field \_\_\_\_\_ Multi-Use Field (Route 114) \_\_\_\_\_  
Basketball Courts \_\_\_\_\_ Tennis Courts \_\_\_\_\_ Track \_\_\_\_\_

Light use fee: Basketball/Tennis Courts and Track: \$15 per hour Fields: \$70 per hour

Date(s) Requested	Day of Week	Set-Up Time		Event Time		Breakdown Time		Fees
		Start	End	Start	End	Start	End	

### Bleacher Request

Please check bleacher need: One set \_\_\_\_\_ Both sets \_\_\_\_\_

Bleacher fee: \$600 each set per day

Date for Drop-Off	Day of Week	Address for Drop-Off/Pick-Up	Drop-Off Time	Fee
Date for Pick-Up	Day of Week		Pick-Up Time	

Please check the online reservation webpage for detailed maps/diagrams and to check facility availability:  
<https://register.parksreconline.com/wbws/scarborough.wsc/wbsplash.html>

**Clifford Mitchell Sports Complex (High School Fields)**

- \_\_\_\_\_ McFarland Field Multi-Use
- \_\_\_\_\_ Multi-Use Field -- Route 114
- \_\_\_\_\_ Multi-Use Softball Field
- \_\_\_\_\_ Soccer Field -- Route 114
- \_\_\_\_\_ Varsity Softball Field
- \_\_\_\_\_ McFarland Baseball Field

**Tennis/Basketball Courts**

- \_\_\_\_\_ Tennis #1
- \_\_\_\_\_ Tennis #2
- \_\_\_\_\_ Tennis #3
- \_\_\_\_\_ Tennis #4
- \_\_\_\_\_ Basketball #1
- \_\_\_\_\_ Basketball #2

**Beaches**

- \_\_\_\_\_ Hurd Park (Pine Point Beach)
- \_\_\_\_\_ Ferry Beach

*To be completed by Scarborough Community Services:*

**Weddings/Special Events**

	<b>FEE</b>	<b>TOTAL</b>
Application Fee for Parks/Recreation Facilities .....	\$100	\$ _____
Application Fee for Park/Recreation Facilities (non-profit or service groups) .....	.50	\$ _____

**Bleachers**

Per set (two available -- each comfortably seats 260 people) .....	\$600	\$ _____
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**Field Use Fees**

In-season league play per team (8 games or less) .....	\$250	\$ _____
Per individual use (resident) -- 3-hour maximum .....	60	\$ _____
Per individual use (non-resident) -- 3-hour maximum .....	75	\$ _____
All Premier teams (i.e., ASA, Premier Soccer, etc.) -- 3-hour maximum .....	60	\$ _____
Scoreboard Use per game .....	25	\$ _____

**Field Lining Fees (per field)**

Baseball/Softball Fields (chalking and lining) .....	\$ 50 per time	\$ _____
Football Field (initial layout) .....	180	\$ _____
Football Field (re-paint) .....	115	\$ _____
Lacrosse Field (boys/girls) – Regulation (initial layout) .....	160	\$ _____
Lacrosse Field (boys/girls) – Regulation (repaint) .....	95	\$ _____
Soccer Field – Regulation (initial layout) .....	210	\$ _____
Soccer Field – Regulation (re-paint) .....	130	\$ _____
Soccer Field – U-10 and U-11 (initial layout) .....	160	\$ _____
Soccer Field—U-10 and U-11 (re-paint) .....	95	\$ _____

**Light Fees**

Court light fee charge per hour (basketball/tennis courts and H.S. track only) .....	\$15 (per hour)	\$ _____
Field light fee charge per hour (H.S. track/turf/McFarland Field/softball fields) .....	70 (per hour)	\$ _____

Damage deposit as required by Director (if applicable) \_\_\_\_\_ \$ \_\_\_\_\_

**All fees must be paid seven days in advance.**

**TOTAL FEES** ..... \$ \_\_\_\_\_

*We ask that all facility requests be submitted at least seven days in advance so that we may better meet your needs.*

**Signature Required**

I have read the above information and agree to follow all Community Services policies and pay all costs pertaining to event use.

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Date

*For Community Services Staff Only:*

Reservation # \_\_\_\_\_ Date Entered \_\_\_\_\_ Time Entered \_\_\_\_\_

MUSCO Date Entered \_\_\_\_\_ Reserved by \_\_\_\_\_

**Paid:** \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Bruce Gullifer, Director, or Designee

Date

Receipt Sent to Applicant: \_\_\_\_\_ Name

Date