

BARNSTABLE RECREATION DIVISION phone: 508-790-6345 fax: 508-790-6279

Permit Application For Building / Field Use

- INSTRUCTIONS:**
1. Complete each section of the application. (Attach necessary documents.)
 2. We strongly suggest providing alternate dates / times / sites.
 3. Return application to the Rec Office - 141 Bassett Ln. Hyannis or fax 508 790 6279
 4. Please do NOT attach or enclose deposits unless expressly instructed to do so.
 5. Those who claim non-profit status must submit tax exemption certification from the state or be charged as per the Fee Schedule.
 6. Facility use may not exceed 3 hours. Recreation Director may approve special permit requests.

Permits are awarded on a first come, first serve basis at the director's discretion. Application does not guarantee permission.

Recreation Buildings Available for Rent

Centerville Recreation Building	524 Main Street -Centerville	Lower or Main Floor
Osterville Community Building	First Avenue -Osterville	Gym and Kitchen
West Barnstable Community Building	Route 149 - West Barnstable	Specify Large of Small Room
Hyannis Youth & Community Center	141 Bassett Lane - Hyannis	Shepley Community Room or Gym
Hyannis Youth & Community Center	141 Bassett Lane - Hyannis	Skybox

Recreation Fields Available for Rent

Fields of Dreams -Centerville	Lombard Field -W. Barnstable	Osterville Bay I & II -Osterville
Barnstable Hollow -Barnstable	Hyannis Middle School -Hyannis	Fifth Grade School -Hyannis
Centerville I & II -Centerville	Horace Mann -Marstons Mills	Hyannis West I & II -Hyannis
	Marstons Mills Elementary -Marstons Mills	

First Choice:

Facility: _____

(Please indicate floor/room)

Day/s: _____

Start Date: _____

End Date: _____

Start Time: _____

End Time: _____

Alternate Choice:

Facility: _____

(Please indicate floor/room)

Day/s: _____

Start Date: _____

End Date: _____

Start Time: _____

End Time: _____

PURPOSE: _____

Is your group officially organized as Non-Profit? No _____ *Yes _____

*If yes, required documentation must be attached.

Head Count: _____ Admission to be charged: _____ Accepting Donations?: _____

Does your group carry liability insurance? Yes _____ No _____ If yes, amount of coverage: _____

GROUP NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

DAYTIME PHONE#: _____ **EMAIL:** _____

DO NOT WRITE IN THIS AREA - FOR STAFF USE ONLY!

Director's Approval: _____ Date: _____

Director's Notes: _____ Fee: _____