



Special Event Request Application

Wayland Recreation Department
41 Cochituate Road | Wayland, MA 01778
(508) 358-3660 | waylandrec.com

*You may need approval from several departments to host an event in Wayland.
You can start the process with this application and then we'll help direct you.*

SPECIAL EVENTS

For special events, parades, carnivals, festivals, tournaments, derby's, road races, etc., please attach a letter of intent which includes all details of event; site plans, include sample flyers, registrations forms, etc.

FACILITY/FIELD REQUESTING *Submit a separate request for each site, okay to list facilities at same address*

Name of Event _____

Event Type / Purpose / Intended Use _____

Is this a fundraiser? _____

Event date _____ Time of Event _____

Facility Access Time/Setup _____ Event Breakdown Time _____

☐ PRIVATE ☐ PUBLIC Expected Attendance _____ Admission Fees _____

REQUESTOR/GROUP/ORGANIZATION INFO

Name of person submitting request _____ Date of Birth _____

Sponsoring Organization _____ Tax ID _____

Address of Organization/Requestor _____ Town _____ Zip _____

Phone _____ Email _____

For weather and / or scheduling conflicts - Contact _____

Phone _____ Email _____

For billing (if different) - Contact _____

Phone _____ Email _____

PRIORITY LEVEL

- ☐ (1) Wayland Schools ☐ (2) Wayland Youth Group ☐ (3) Wayland Senior ☐ (4) Wayland Adult
☐ (5) Non-Wayland Youth ☐ (6) Non-Wayland Senior ☐ (7) Non-Wayland Adult ☐ (8) Private

FOR OFFICE USE ONLY

REQUEST RECEIVED _____ ☐ COIEXP. _____ ☐ EVENTPLAN _____ ☐ SPMN ☐ SENT

FACILITY CHARGE DUE _____ AMOUNT PAID _____ DATE PAID _____ CHECK# _____



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EVENT DETAILS *Submit supporting documents to describe needs, if applicable*

IF THE EVENT WILL REQUIRE ANY OF THE FOLLOWING, PROVIDE EVIDENCE OF ARRANGEMENTS:

POLICE DETAIL / TRAFFIC / PUB SAFETY	YES	NO	_____
BLOCK PUBLIC ROADWAYS	YES	NO	_____
FIRE PERMIT	YES	NO	_____
WATER SOURCE	YES	NO	_____
TEMPORARY STRUCTURES / TENTS	YES	NO	_____
FOOD PERMIT (BOARD OF HEALTH)	YES	NO	_____
LIQUOR LICENSE (BOS)	YES	NO	_____
DPW/CUSTODIAL SUPPORT	YES	NO	_____
ELECTRICITY / LIGHTS / GENERATOR	YES	NO	_____
AUDIO/VISUAL NEEDS OR WIFI	YES	NO	_____
ENTERTAINMENT / DJ / MUSIC	YES	NO	_____
<input type="checkbox"/> LIVE MUSIC <input type="checkbox"/> DJ <input type="checkbox"/> RADIO/PLAYLIST <input type="checkbox"/> AMPLIFIED SOUND <input type="checkbox"/> DANCING <input type="checkbox"/> PERFORMERS STAGE			
TRASH / RECYCLE RECEPTACLES	YES	NO	_____
PORTABLE RESTROOMS (HANDICAP)	YES	NO	_____
ARE BUSES EXPECTED	YES	NO	_____
ABUTTERS NOTIFIED	YES	NO	_____
CERTIFIED TO PERFORM CORI CHECKS	YES	NO	_____
VENDING / CONCESSIONS	YES	NO	<input type="checkbox"/> FOOD <input type="checkbox"/> BEVERAGE <input type="checkbox"/> GOODS <input type="checkbox"/> OTHER
ACTIVITIES	YES	NO	<input type="checkbox"/> RIDES <input type="checkbox"/> INFLATABLES <input type="checkbox"/> GAMES <input type="checkbox"/> RAFFLE <input type="checkbox"/> ANIMALS <input type="checkbox"/> OTHER

Please submit a completed application that includes:

- ☐ This signed & dated **Special Event Request Application** form.
- ☐ **Certificate of Insurance** (COI) listing the 'Town of Wayland' as additionally insured.
- ☐ **Attachments** Any required contracts, certificates, permits, or other attachments.
- ☐ **Site Plan**, Traffic Plan and/or Parking Plan

I have received, read, understand, agree to and assume all responsibility for the use of requested Town of Wayland facility and the fulfillment of the policies and regulations of the Facility User Policies Packet for the Town of Wayland Recreation Department:

REQUESTOR SIGNATURE

TITLE/POSITION

DATE

No Smoking, Drugs or Alcohol allowed at any municipal/recreation property. Litter must be removed by the users. Dogs are not allowed on recreation playing surfaces. All dogs must be leashed in public. Do not sublet your reservation. Users must leave facility within 30 minutes after the end of permitted time.