



Town Beach Use Application

Wayland Recreation Department

41 Cochituate Road Wayland, MA 01778

PHONE (508) 358-3660 | waylandrec.com

Date _____

PERSON SUBMITTING REQUEST _____ DATE OF BIRTH _____

(Applicant must have a Season Pass) FIRST LAST

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION/APPLICANT _____

TOWN _____ ZIP _____ PHONE NUMBER _____

EMAIL _____

CONTACT PERSON FOR DAY OF WEATHER/SCHEDULING CONFLICTS _____

PHONE _____ EMAIL _____

DATE(S) REQUESTING _____ TIME REQUESTED _____

INTENDED USE OF FACILITY/EVENT TYPE _____

APPROX # OF ATTENDEES _____ % OF WAYLAND RESIDENTS IN GROUP _____

OTHER DETAILS: _____

WILL THE EVENT REQUIRE A POLICE DETAIL? YES NO **SPECIAL EQUIPMENT NEEDED?** YES NO

WILL THE EVENT REQUIRE BATHROOMS? YES NO **LIFEGUARD ON DUTY? (IF AVAILABLE)** YES NO

* ADDITIONAL FEES APPLY FOR OFF SEASON BATHROOM ACCESS, LIFEGUARDS, ETC.

EVENT & OUTING DETAILS

ENTRY FEES IF EVENT IS DURING REGULAR BEACH SEASON (Between Memorial Day and August 13)

WAYLAND RESIDENT GUESTS : _____ @ \$5 ea. # NON-WAYLAND RESIDENT GUESTS : _____ @ \$10 ea. = \$_____

If event has over 20 guests:

ADDITIONAL LIFEGUARD/STAFF (1 PER 25 GUESTS) _____ STAFF X _____ HOURS X COST \$20.00 = _____

OF PICNIC TABLES NEEDED _____ # OF GRILLS NEEDED _____

VOLLEYBALL COURT, BASKETBALL COURT OR CORNHOLE - 4 HOUR RENTAL \$20 PER PERMIT each

BOAT RENTALS (IN SEASON ONLY): Sailboats, Kayaks, Canoes, Paddle Boards, SUPs \$20 PER BOAT PER/HR

IF EVENT IS IN THE OFF SEASON/OFF HOURS (Between August 12 and Memorial Day or Weekdays from Memorial Day to June 16)

WITH ACCESS TO BEACH HOUSE BATHROOMS/SHOWERS 1 STAFF _____ HOURS X COST \$30.00 = _____

WITH NO ACCESS TO BEACH HOUSE BATHROOMS/SHOWERS _____ HOURS X COST \$10.00 = _____

ADDITIONAL LIFEGUARD / STAFF (1 PER 25 GUESTS) _____ STAFF X _____ HOURS X COST \$20.00 = _____

Users are required to provide Liability Insurance, at own expense, in order to use. Contact Rec. Dept. for more info.

TOTAL DUE _____

EVENT & OUTING INFORMATION (cont.)

Event Guests who are also Season Pass Holders can scan their Season Pass at the Gate, and not be tallied in your party total. A minimum group charge is issued with permit, charges will be adjusted based on actual guest attendance and charged to the account on the permit.

Contact the Recreation Office for more information on per person rates plus additional charges for added life guards, dependent on availability.

- Rental Permits are required for any organized use of Recreation Facilities in the Town of Wayland.
- For safety of all swimmers it is recommended that groups of 20 or more apply for a group permit.
- Permits are issued in four hour blocks between 11:00am and 7:00pm
- Submit a completed Beach Use Permit Application - requires approval from the Recreation Department
- All renters must state intended use on the Permit Form and follow said use; or permit may be revoked.
- Carry the permit with you to the reservation, and utilize the area in the Picnic Grove to host your event. Picnic tables can be requested based on availability, but are not guaranteed.
- Renters and their guests are expected to abide by the rules of the beach to which all Wayland Town Beach Members abide.
- Users must leave the facility being rented 30 minutes after the end of permitted time.
- Minimum \$100 fee will be charged for damage or clean-up required after an event.

NO SMOKING | NO ALCOHOL | NO GLASS | NO PETS | NO MUSIC | NO INFLATABLE RAFTS | NO PROPANE

RESERVATION INFORMATION

All checks made payable to "Town of Wayland"

All rules, regulations, and policies outlined in the Facility Reservation and Town Beach Policies packets must be strictly followed. The user will be held responsible for any and all damage to the recreation facility during the time granted. A \$100 minimum fee will be charged to the user if cleaning or repairs are needed after use. Children must be supervised at all times. User is responsible for ensuring the facility they use is left in the same condition it was found and to report any concerns to the Recreation Department.

_____ DATE

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY			
Request Approved _____	Request Denied _____	Reason _____	_____
Facility Charge _____	Amount Paid _____	Date Paid _____	Date Request Made _____
Rec. Staff Signature _____	_____	Date _____	_____