

**TOWN OF ROCKPORT**  
**P.O. Box 10, Rockport, ME 04856**  
**Application/Rental Agreement to Use Rockport Park Facilities**  
**Please fill out and return**

**INFORMATION ABOUT APPLICANT & LOCAL CONTACT PERSON**

Applicant's Name: \_\_\_\_\_ Tel # \_\_\_\_\_ e-mail \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Tel # \_\_\_\_\_ e-mail \_\_\_\_\_

Local Contact Mailing Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

**INFORMATION ABOUT PROPOSED EVENT**

Place of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Structures (tents, chairs, etc.) \_\_\_\_\_

Food and Beverages to be served: \_\_\_\_\_

Entertainment: \_\_\_\_\_

Signage \_\_\_\_\_

Provisions for Cleanup/Litter: \_\_\_\_\_

Provisions for Parking: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED**

Certificate of Liability Insurance: \_\_\_\_\_

(Insurance Agent/Company) \_\_\_\_\_

Additional Information to Applicant \_\_\_\_\_

**Important Notice:** *To the best of my knowledge, all of the information submitted with this application is correct. I have very carefully read the attached rules and regulations and hereby agree to accept and abide by all the rules and regulations governing the rental and/or use of Rockport Park Facilities.*

Applicant/User Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Returned with this Application:**

1. Copy of Certificate of Liability Insurance in the amount of \$ \_\_\_\_\_
2. Check for Rental Fee(s), if applicable, in the amount of \$ \_\_\_\_\_
3. Check for Damage/Security Deposit (refundable) in the amount of \$ \_\_\_\_\_

PERMISSION IS GRANTED FOR THE ABOVE NAMED APPLICANT TO HOLD THE ABOVE NAMED EVENT AT THE SPECIFIED PLACE ON THE ABOVE NAMED DATE.

Rental Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: Sue Dates-Rental Agent, Town of Rockport, PO Box 10, Rockport, ME 04856  
Tel. 207-236-2514 Fax 207-236-2653 e-mail rkptpw@adelphia.net