

Town of Wakefield

Brian M. Laine, Mayor

Bonita Meyers, Clerk

Robyn L. Croft, Treasurer



Council Members
O. E. Parker, III, President
Frances Chambers
Michael W. Kessinger
Dennis P. Mason
Darlene Whiting
Brian K. Wills

Post Office Box 550
Wakefield, VA 23888

T: (757) 899-2361 | F: (757) 899-2907

RECREATION AREA/BALL PARK PERMIT

Rules and Regulations

A Use Permit must be completed prior to use. Scheduling is generally on a first come, first served basis but the Town recognizes there may be exceptions especially since multiple uses may be made of the facility. If the field has been reserved by a group, it will be the responsibility of a second group desiring to use a part of the facility to communicate with the first to reach an agreement and to report the agreement to the Town Office.

All required fees must be paid prior to use. A deposit will be collected from all users with no exception and the Town reserves the right to withhold the deposit for any reason.

In order to serve alcohol, an ABC license must be obtained, and a copy of the license must be provided to the Town of Wakefield along with a certificate of liability insurance.

Use Permit

The following must be completed prior to use.

- 1) A Use Permit must be completed and filed as instructed by the Town Staff.
- 2) Deposit and Users Fees must be paid in advance.
- 3) The Use Permit must be signed by the party accepting responsibility.

INTENDED USE: _____ DATE OF USE: _____ TIME: _____

WILL ALCOHOL BE SERVED? YES _____ NO _____

REFUNDABLE DEPOSIT: \$50.00

FEE SCHEDULE:

FEE FOR USE

\$50 PER FIELD FOR ANY EVENT (EXCEPT SEASONAL ORGANIZED SPORTS TEAM GAMES) \$ _____

\$100 RENTAL FEE FOR PRACTICE PER SPORT/ PER SEASON \$ _____

\$30 PER FIELD SEASONAL ORGANIZED SPORTS TEAM \$ _____

\$20 PER HOUR OR ANY PART THEREOF - LIGHTS \$ _____

\$10 PER INDIVIDUAL PRACTICE (NON-SEASONAL) \$ _____

The undersigned acknowledges that he has read and agreed to the attached rules of use, has paid the required fees, and acknowledges responsibility for the facility.

USER: _____

FEES PAID \$ _____

BY: _____

ABC LICENSE _____

PHONE: _____

CERTIFICATE OF LIABILITY _____

DATE: _____

CLERK/ TREASURER

IN CASE OF EMERGENCY PLEASE CALL (757) 899-0121