

The Department of Human Service Programs

**City of Cambridge
D.H.S.P. Programs
Recreation Division**

2011 FACILITIES SCHEDULING REQUEST

Please complete all information or your application will be returned
Please type or Print clearly.

51 Inman St. Cambridge, Ma 02139 Telephone (617)349-6238 Fax (617)349-4767

Application Date _____

Activity Planned _____

of Participants _____

Organization _____

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Phones#s

Home _____ Work _____ Cell _____

Fax _____ Email: _____

Type of Group/Organization _____

Circle one only

Neighborhood Youth League

Adult League

Public School Team

College/University Team

Private School Team

Corporate Team

Additional Contact Name _____

Phone _____

I have read and fully understand and agree to abide by all Rules and Regulations

Governing the D.H.S.P. and Recreation Division (CITY OF CAMBRIDGE)

As well as any provisions set forth on this agreement and PERMIT.

SIGNATURE _____ DATE _____