



MANCHESTER-BY-THE-SEA PARKS AND RECREATION DEPARTMENT
TOWN HALL – 10 CENTRAL STREET, MANCHESTER-BY-THE-SEA, MA 01944
casparium@manchester.ma.us www.manchester.ma.us
Phone: 978-526-2019 Fax: 978-526-2007

SINGING BEACH NON- PROFIT USER GROUP REQUEST FORM

Today's Date: _____

Group's Name: _____

Contact Person: _____

Mailing Address: _____

Work Phone: _____

Cell/Mobile Phone: _____

Contact Person's Email Address: _____

1. Date(s) Requested: _____ **Time of Use:** _____ **Group Size:** _____ **# of Vehicles:** _____

2. Date(s) Requested: _____ **Time of Use:** _____ **Group Size:** _____ **# of Vehicles:** _____

3. Date(s) Requested: _____ **Time of Use:** _____ **Group Size:** _____ **# of Vehicles:** _____

4. Date(s) Requested: _____ **Time of Use:** _____ **Group Size:** _____ **# of Vehicles:** _____

*****Fees:** \$50.00 per bus/van per day requested. Groups are accepted on Mondays – Thursdays only between Memorial Day & Labor Day. Checks should be made payable to the Manchester Parks & Recreation Department. Final payments are due at least one week in advance of the groups' trip unless other arrangements have been made in advance.

I am applying to use Singing Beach and associated facilities. I have read the Singing Beach Rules and Regulations and agree to abide by them. In absence of signature, payment of fee signifies my understanding and acceptance of all Rules and Regulations.

Signature of Contact Person

Date