



Field Permit Application 2026

Woburn Recreation Department

10 Common St, Woburn, MA 01801

Office: (781) 897 – 5805

Fax: (781)897 – 5809

Email: rindstrom@cityofwoburn.com

Rory Lindstrom, Director

League/ Team Name:	Application Date:
League President's Name	Applicant's Name
President's Address:	Applicant's Address
Email Address:	Email Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
# of Teams:	# of Players:

FIELDS REQUESTED: **Permit Dates** **Please enter times for each day requested**

Field Name	Start Date	End Date	Sun	Mon	Tue	Wed	Thu	Fri	Sat

FIELD USE FEES: (Permit fees must be paid in full before permit will be issued.)

It is expressly understood and agreed that the Regulations of the Parks and Recreation Commission are to be strictly complied with, and that the undersigned assumes full responsibility for any damage to, or loss of, City property in consequence of such use of the facilities as described above, and engages to make the same good without expense to the City.

It is also understood that failure to use the permit for time and date granted with out informing the Recreation Department at least 24 hour in advance (except in cases of inclement weather) could result in loss or denial of future permits. **Permits may be revoked for failure to comply with all park regulations.**

I have read and understand all of the rules and regulations listed in the City of Woburn Recreation Department's "Playing Field and Facility Permit Policy" and understand the consequences of not complying with these regulations. In consideration of my being permitted to make use of the City's playing fields and facilities, I, on behalf of the members and players from my group or organization, shall indemnify, defend, and hold the City, its departments, employees and officials, harmless from and against any and all claims, demands, liabilities, actions, causes of actions, costs and expenses, including attorney's fees, arising out of the use of the playing fields and facilities.

SIGNATURE: _____ **DATE:** _____

Name (Printed): _____