



Town Beach Use Application

Wayland Recreation Department

41 Cochituate Road Wayland, MA 01778

PHONE (508) 358-3660 | waylandrec.com

BEACH USER INFORMATION

APPLICATION DATE _____

PERSON SUBMITTING REQUEST _____ DATE OF BIRTH _____

(Applicant must be a Beach Member) FIRST LAST

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION/APPLICANT _____

TOWN _____ ZIP _____ PHONE NUMBER _____

EMAIL _____

CONTACT PERSON FOR DAY OF WEATHER/SCHEDULING CONFLICTS _____

PHONE _____ EMAIL _____

BEACH EVENT INFORMATION

DATE(S) REQUESTING _____ TIME REQUESTED _____

INTENDED USE OF FACILITY/EVENT TYPE _____

APPROX # OF ATTENDEES _____ % OF WAYLAND RESIDENTS IN GROUP _____

OTHER DETAILS: _____

WILL THE EVENT REQUIRE A POLICE DETAIL? YES NO **SPECIAL EQUIPMENT NEEDED?** YES NO
WILL THE EVENT REQUIRE BATHROOMS? YES NO **LIFEGUARD ON DUTY? (IF AVAILABLE)** YES NO

* ADDITIONAL FEES APPLY FOR OFF SEASON BATHROOM ACCESS, LIFEGUARDS, ETC.

FOR RENTERS OUTSIDE REGULAR BEACH HOURS :: PROVIDE CERTIFICATE OF INSURANCE THAT INCLUDES

TYPE OF COVERAGE	AMOUNT OF COVERAGE
Commercial General Liability including Products Liability and completed Operation Liability:	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Automobile Liability for owned, hired, and non-owned vehicles:	
Bodily injury and property damage (each accident)	\$1,000,000
Workers Compensation	Statutory
Employer's Liability	\$1,000,000

MUST LIST "Town of Wayland" AS ADDITIONALLY INSURED *



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RESERVATION INFORMATION

All checks made payable to "Town of Wayland"

All rules, regulations, and policies outlined in the Facility Reservation and Town Beach Policies packets must be strictly followed. The user will be held responsible for any and all damage to the recreation facility during the time granted. A \$100 minimum fee will be charged to the user if cleaning or repairs are needed after use. Children must be supervised at all times. User is responsible for ensuring the facility they use is left in the same condition it was found and to report any concerns to the Recreation Department.

No Smoking and No Alcoholic Beverages allowed at any town facility.

SIGNATURE OF APPLICANT

DATE

PAYMENT INFORMATION

ENTRY FEES

IF EVENT IS DURING REGULAR BEACH SEASON (Between Memorial Day and August 15)

TOTAL NUMBER OF GUESTS WHO ARE WAYLAND RESIDENTS: _____ X COST \$3.00 = _____

TOTAL NUMBER OF GUESTS WHO ARE NON WAYLAND RESIDENTS: _____ X COST \$6.00 = _____

ADDITIONAL LIFEGUARD / STAFF (1 PER 25 GUESTS) _____ STAFF X _____ HOURS X COST \$15.00 = _____

OF PICNIC TABLES NEEDED _____ # OF GRILLS NEEDED _____

IF EVENT IS IN THE OFF SEASON / OFF HOURS (Between August 15 and Memorial Day)

WITH ACCESS TO BEACH HOUSE BATHROOMS/SHOWERS/ 1 STAFF _____ HOURS X COST \$30.00 = _____

WITH NO ACCESS TO BEACH HOUSE BATHROOMS/SHOWERS _____ HOURS X COST \$10.00 = _____

ADDITIONAL LIFEGUARD / STAFF (1 PER 25 GUESTS) _____ STAFF X _____ HOURS X COST \$15.00 = _____

ADDITIONAL OPTIONS

VOLLEYBALL COURT, 2 HOUR RENTAL

TOTAL NUMBER OF GUESTS WHO ARE WAYLAND RESIDENTS _____ X COST \$5.00 = _____

TOTAL NUMBER OF GUESTS WHO ARE NON WAYLAND RESIDENTS _____ X COST \$10.00 = _____

BOAT RENTALS (IN SEASON ONLY)

Sailboats, Kayaks, Canoes, Paddle Boards, SUPs

TOTAL NUMBER OF BOATS: _____ TOTAL HOURS _____ X COST \$15.00 = _____

TOTAL DUE _____

FOR OFFICE USE ONLY

REQUEST APPROVED _____ REQUEST DENIED _____ REASON _____

FACILITY CHARGE _____ AMOUNT PAID _____ DATE PAID _____ DATE REQUEST MADE _____

REC. STAFF SIGNATURE _____ DATE _____