

CITY OF MEDFORD
APPLICATION FOR USE OF PARKS

Date: _____

To Whom It May Concern:

The _____ request the use of
_____ for the purpose of playing:

- Please circle one:
- | | |
|------------------|---------------------------|
| 1. Baseball | 5. Football |
| 2. Little League | 6. Other (please specify) |
| 3. Softball | |
| 4. Soccer | |

- Day of the Week
1. Monday
 2. Tuesday
 3. Wednesday
 4. Thursday
 5. Friday
 6. Saturday
 7. Sunday

Dates:

Starting: _____

Ending: _____

Time:

From: _____ AM to _____ AM

From: _____ AM to _____ AM

Please present your schedule & Roster with Application

Name of Organization: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Return to Judy Johnston, Park Secretary, Collectors Office – First floor of City Hall or
Phone-781-393-2496 FAX-781-393-2533