

Parks and Recreation Committee

BALLFIELD RESERVATION

Group Name _____

Contact Person _____ Phone _____

Mailing Address _____

_____ W. T. School Field

_____ Manter Field

Date(s) _____

Time _____

Fee for adult groups: \$25.00

Please respect our CARRY ON/ CARRY OFF policy for trash, and help keep our ballfields clean. Thank you.

Signature of Contact Person _____ Date _____

Please return the signed form and fee to the Town of West Tisbury Parks & Recreation Dept., Town Hall, West Tisbury, MA 02575. We will send the contact person a copy of the form to present if there is a conflict regarding field use. Please call 696-0147 with any questions or if there is a need to change your schedule. Thank you.