



Recreation – Director Ben Delaware Phone: 978-374-2388 ext 3938 Fax: 978-521-2626 bdelaware@haverhillma.gov

Tournament Authorization Form

In order to be granted permission for the use of a Public Outdoor Facility, the necessary departments must sign off in order to receive a permit. Please submit a letter of request to the Recreation Department detailing your event, information to include date(s) and time, type of event, concert, festival, church meeting or rally etc. This should be submitted with an accompanying certificate of insurance listing the City of Haverhill as an additional insured. Youth events require signed letter certifying all coaches and staff have had a Massachusetts CORI/SORI.

RIVE	rside	Park

Event Organizer:	(Non-profit, For-prof	it, Individual, etc.)
Type of Event:	(Fundraiser, Compa	any Outing, Community engagement, etc.)
Number of Participants:	(\$4 per participant t	fee)
Number of Estimated Spectators:	Number of Fields:	
Are you planning on selling tickets for admi	ssion or any other items? Yes	s □ No □
ha	as placed on file with the Have	rhill Recreation Department a request for the
use of	for the dates and times of	
The requester will not be selling or giving at The requester will be cooking and giving fo The requester will be selling food and is the The requester will be selling food and using	od away: *See City Clerk & Hee sole vendor: *See City Clerk	& Health Department Section*
Signature of Recreation Authorized Official:		Date
Police Department (30 days notice real fall those requesting permits must meet The above person or group has met with the	with the Haverhill Police to	•
☐ A police detail is not needed for this	s event.	
•		# of officers are needed
Signature of authorized Police Official _		Date

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City of Haverhill Human Services Department
Citizen Center-Council on Aging-Cultural Council-Recreation-Veterans Services
10 Welcome Street Haverhill MA 01830





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Food

City Clerk & Health Department

If the requester is cooking and/or giving food away (whether the second	her for sale or otherwise) they must apply for the necessary or follow this link https://haverhillma.viewpointcloud.com/
The above person or group has been granted permits to and time without restrictions \square with restrictions \square Please list restrictions:	cook and serve food at this facility on the designated date
Signature of authorized Health Department Official	Date
Equi	ipment
Additional Equipment	•
Please list all equipment being brought to the site for the large inflatable attractions such as bouncey houses are r	, , , , , , , , , , , , , , , , , , , ,
Recreation Department Final Approval	
The above person or group has received permission from granted a permit for the use of	n all necessary departments in the City of Haverhill and is
for the dates	
Signature of Recreation Authorized Official:	Date

City of Haverhill Human Services Department Citizen Center-Council on Aging-Cultural Council-Recreation-Veterans Services 10 Welcome Street Haverhill MA 01830