



TOWN OF BELMONT
BELMONT SPORTS COMPLEX
HOME OF THE SKIP VIGLIROLO RINK
BELMONT MA 02478
617-993-
ERIK HARRINGTON
RINK MANAGER

Contact Name: _____

Organization: _____

Address: _____

Email Address: _____

Telephone (primary): _____

FEES: DECEMBER 2025 - MARCH 2026

Weekday Fees: (as determined by the Select Board)

Monday - Friday

6:00am-8:00am - \$225/50 minutes
9:00am-12:00pm - \$265/50 minutes
12:00pm-9:00pm - \$365/50 minutes
9:00pm-11:00pm - \$285/50 minutes

Weekend Fees: (as determined by the Select Board)

Saturday - Sunday

6:00am-7:00am - \$350/60 minutes
7:00am-7:00pm - \$385/60 minutes
7:00pm-8:00pm - \$350/60 minutes
8:00pm-11:00pm - \$300/60 minutes

GENERAL RENTER INFO

Program/Event Name	
Date of Event	
Area Requested: (Please check)	Ice: _____ Dressing Rooms: 1 _____ 2 _____ 3 _____ 4 _____ Locker Rooms: A _____ B _____ C _____ D _____ Function Room:
Usage Planned:	



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Choose one:

Option 1: ONE TIME RENTAL

Date of Event	
Start Time	
End Time	
Estimated # of attendees	
Skate Shop Needed?	

Option 2: RECURRING PROGRAM RENTAL

Program Dates							
Day of the Week (circle)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							
Skate Shop Needed?							

AUTHORIZATION:

I certify that I am authorized by the above organization to request rental of the Belmont Sports Complex. I understand that this request does not guarantee use of the facility and that no activities may begin until an application has been reviewed and approved by the Town of Belmont.

I acknowledge that I have read and understand the Belmont Sports Complex Use Policy. I further understand that the organization may be held responsible for any damages caused by individuals using the facility on its behalf.

Signature

Date



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Waiver of Liability

This permit is not valid until it is signed by an authorized representative of the Town Administrator's Office. Failure to comply with the policies, rules, or regulations outlined in this application and in the Belmont Sports Complex Use Policy may result in suspension or loss of facility-use privileges. I understand that the Town of Belmont and its employees are not responsible for any injuries or loss of property incurred by individuals using Town facilities. I also understand that, if applicable, I am responsible for obtaining any additional permits required by other Town departments (e.g., Health Department permits for prepared foods) for activities occurring during my scheduled events.

Authorized Signature of Requestor _____ Date _____

Office Use Only

Approved

Approved as

Town Representative

Date

**PLEASE RETURN THIS COMPLETED APPLICATION
TO THE RINK MANAGER, ERIK HARRINGTON AT
EHARRINGTON@BELMONT-MA.GOV**