

DATE RECEIVED \_\_\_\_\_

**EAST LYME PARKS AND RECREATION DEPARTMENT**

**FACILITIES REQUEST FORM FOR MCCOOK POINT PARK**

GROUP REQUESTING FACILITY \_\_\_\_\_

EXPECTED ATTENDANCE \_\_\_\_\_ NUMBER OF EAST LYME RESIDENTS \_\_\_\_\_

NUMBER OF VEHICLES EXPECTED \_\_\_\_\_ NON-PROFIT STATUS? YES \_\_\_\_\_ OR NO \_\_\_\_\_

WILL A FEE BE CHARGED? YES \_\_\_\_\_ OR NO \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

TYPE OF ACTIVITY \_\_\_\_\_

IF A FUNDRAISING EVENT WHAT PERCENTAGE OF PROCEEDS GO DIRECTLY TO THE CHARITY? \_\_\_\_\_

AUTHORIZED GROUP REPRESENTATIVE (PLEASE PRINT): \_\_\_\_\_

STREET ADDRESS

TOWN

HOME/WORK TELEPHONE #

DATE(S) OF PROPOSED USE \_\_\_\_\_

TIME(S) \_\_\_\_\_

MCCOOK POINT PARK: RESERVE PAVILION?\_\_\_ OR TENT?\_\_\_ CATERER?\_\_\_ D.J.?\_\_\_ OTHER?\_\_\_

*If erecting a tent a building permit maybe required from the Town of East Lyme Building Department (Permit is required for all tents using electrical wiring, heating or cooking facilities).*

PLEASE LIST SPECIAL CONSIDERATIONS AND/OR EQUIPMENT NEEDED \_\_\_\_\_

**INSURANCE:** The Town of East Lyme does not provide participants or spectator’s medical, surgical, or hospital expenses arising out of proposed activity. Applicant may be required to submit a Certificate of Insurance as a condition for the granting of a “Facilities Use Permit”. Said Certificate in the amount of \$1,000,000 will name the Town of East Lyme, its officers, agents and employees, as additional insured. If insurance has a deductible, the user may be required to provide a security deposit in the amount of the deductible or a determined portion thereof. Upon completion of use, security deposit shall be returned in full, if there are no damages. If there are damages, the security deposit shall be used to offset the actual cost of repairs. All security deposits, when required, shall be in cash, or by bank or certified check made payable to the **TOWN OF EAST LYME**. Said conditions, if required, shall be met with a minimum of \_\_\_\_\_ days prior to scheduled event. If insurance certificate is not required it is understood that applicant assumes financial responsibility for any damages to facility caused by persons using facility under this permit.

**AGREEMENT:** Request by town residents/tax payers receive priority for use (i.e. pavilion reservations). Recorded deed from the McCook Family and the “Ordinance Concerning Areas Under Jurisdiction of Parks & Recreation Commission” (June 19, 1971, Volume 10, Pages 369-370) **prohibit alcoholic beverages on premises**. It is understood that by signing this agreement, the applicant and their parties’ use of the park will be in accordance with the Parks and Recreation Commission’s policies. It is understood that by signing this agreement that the Town of East Lyme is held harmless from any claims or damages and applicants agree to indemnify the Town in the event of any claims or damages.

APPLICANT’S SIGNATURE

DATE

COMMISSION APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ INSURANCE REQUIRED \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ SECURITY DEPOSIT \$ \_\_\_\_\_

PARKS & RECREATION AUTHORIZED SIGNATURE

DATE