DATE RECEIVED _________________________

EAST LYME PARKS AND RECREATION DEPARTMENT

FACILITIES REQUEST FORM

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 ________________________________________________________________________________

AUTHORIZED GROUP REPRESENTATIVE (PLEASE PRINT): ____________________________________________

___________________________________________________________________________________________________

STREET ADDRESS TOWN HOME/WORK TELEPHONE #

DATE(S) OF PROPOSED USE _________________________________________________________________________

TIME(S) _______________________________________ RAINDATE _________________________________________

BRIDEBROOK PARK: SOFTBALL _____ BASEBALL _____ SOCCER _____ UTILITY _____ BASKETBALL _____

VETERAN’S MEMORIAL PARK: SOFTBALL _____ BASEBALL _____

SMITH HARRIS PARK: LITTLE LEAGUE _____ PEEWEE _____

PLEASE LIST SPECIAL CONSIDERATIONS AND/OR EQUIPMENT NEEDED _______________________________

___________________________________________________________________________________________________

INSURANCE: The Town of East Lyme does not provide participants or spectators 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: Requesting group must have a substantial number of East Lyme residents/taxpayers. The use of alcoholic beverages shall be prohibited per “Ordinance Concerning Consumption of Alcoholic Beverages”, (Town Ordinance, Volume XII, page 139), and all facility policies of the Parks and Recreation Commission will be enforced. It is understood that by signing this agreement that the Town of East Lyme is held harmless from any such claim or damages and agrees to indemnify the Town in the event of any such claims or damages.

______________________________________________________           _______________________________________
APPLICANT’S SIGNATURE                                                                                DATE

COMMISSION APPROVED _______________ DENIED _______________ INSURANCE REQUIRED _____________

PERMIT FEE $_________________________________SECURITY DEPOSIT $___________________________

_____________________________________________________             _______________________________________
PARKS & RECREATION AUTHORIZED SIGNATURE                                                     DATE