



“Creating Community Through People, Parks and Programs”  
127 Norwich Avenue, Colchester, CT 06415  
(860) 537-7297 | Fax: (888) 468-6093 | parksandrec@colchesterct.gov

## Application for Use of Recreation Facilities

**Type of User:**      \_\_\_ Individual      \_\_\_ Non-Profit      \_\_\_ Business

**Type of Event:**      \_\_\_ Facility Rental      \_\_\_ Sports League      \_\_\_ Special Event

**Name of Organization:** \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

***Note:** Site supervisor **MUST** be on site during the entire reservation, with a copy of the approved permit, and is responsible for the facility and all attendants. If multiple supervisors will be used, a complete schedule of supervisors must accompany the usage schedule.*

**Please complete facility request details on reverse side.**

For Office Use Only: Date Received _____ By: _____
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**Request Use of (Check all areas requested):**

<b>Colchester Recreation Complex</b>		
<input type="checkbox"/> R1*	<input type="checkbox"/> R5	<input type="checkbox"/> R5infield <input type="checkbox"/> R5outfield area*
<input type="checkbox"/> R2*	<input type="checkbox"/> R6	<input type="checkbox"/> Sports Field Lighting (where avail.)
<input type="checkbox"/> R3*	<input type="checkbox"/> R7	
<input type="checkbox"/> R4	<input type="checkbox"/> R8	
<input type="checkbox"/> Picnic Pavilion		
<input type="checkbox"/> Other: _____	* = Sports Field Lighting available	

<b>Town Green</b>		
<input type="checkbox"/> Gazebo	<input type="checkbox"/> Softball Field	<input type="checkbox"/> Entire Green
<input type="checkbox"/> electricity needed		

<b>Ruby &amp; Elizabeth Cohen Woodlands</b> (specify areas to be used)

Purpose/Event: _____ Estimated Attendance: _____
Equipment/Set-Up Requirements: _____
Dates/Times Requested (include rain date if needed, set-up and breakdown times; attach detailed schedule if needed):

Additional Required Documents	Individual Rentals	Group Rentals	Sports League Field Use	Special Event Permit
Indemnification & Release	X	X	X	X
Insurance Certificate		X	X	X
List of Officers/Contacts			X	
List of Coaches/Contacts			X	
Schedules (if not indicated above)			X	
Charter/Bylaws			X	
Departmental Approval Form				X
Public Information Form				X
Special Event Questionnaire				X
Special Event Sign Off Sheet				X

I, on behalf of all groups and users that I represent, have read, understand and will abide by all appropriate rules and policies regarding use of the facilities, and realize that the permit will not be issued or valid without submittal of all required documents and fees.

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Signature \_\_\_\_\_ Date \_\_\_\_\_