



## WALLINGFORD RECREATION DEPARTMENT

6 Fairfield Blvd Wallingford, CT 06492  
 PHONE: (203)294-2120 FAX: (203)294-2127  
 EMAIL: parksrec@wallingfordct.gov  
[www.town.wallingford.ct.us](http://www.town.wallingford.ct.us)

Non-resident Yes \_\_\_ No \_\_\_  
 Resident License \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Date Stamp \_\_\_\_\_

# PARK USE REQUEST FORM

Any person issued a permit shall observe all rules, regulations and ordinances adopted by the Town of Wallingford. The person to whom a permit is issued shall agree to be liable for any loss, damage or injury sustained by any person or property whatever the reason of negligence on the part of any person engaged in the activity being sponsored under the permit. The applicant agrees to hold the Town of Wallingford and any of its agents and employees harmless for any and all losses caused by the permittee or any person engaged in activity being sponsored under the permit.

**Maintenance Fee:** There is a **\$100.00 (cash only)** maintenance/key deposit fee at time of key pickup which will be non-refundable if the park is not left clean and litter free in and around the pavilion area. The key should be picked up during regular business hours from 9:00 a.m. to 4:30 p.m. on Wednesday, Thursday or Friday.

APPLICANT		EVENT CONTACT	
APPLICANT NAME	ORGANIZATION NAME	EVENT CONTACT NAME	
ADDRESS (Street, City, State, Zip)	PHONE	ADDRESS (Street, City, State, Zip)	PHONE
	E-MAIL		E-MAIL
RESERVATION INFORMATION			
SELECT FACILITY/PARK		DATE(S)/DAY	
<input type="checkbox"/> Community Lake Park	<input type="checkbox"/> Community Pool	JAN	JUL
<input type="checkbox"/> Doolittle Park	<input type="checkbox"/> Lufbery Park	FEB	AUG
<input type="checkbox"/> Marcus Cooke Park	<input type="checkbox"/> Pragemann Park	MAR	SEP
<input type="checkbox"/> Other _____		APR	OCT
AREAS OF USE		MAY	NOV
<input type="checkbox"/> Base/Softball Field	<input type="checkbox"/> Open Field	JUN	DEC
<input type="checkbox"/> Courts (please specify use) _____		<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN HOURS(Include set-up and clean-up)	
<input type="checkbox"/> Pavilion	<input type="checkbox"/> Electricity	START	AM/PM
<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Lights	END	AM/PM
<input type="checkbox"/> Other _____		FREQUENCY	<input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
EVENT INFORMATION			
NAME OF EVENT		TOTAL EXPECTED ATTENDANCE	
		YOUTH _____	
		ADULTS _____	

I have read and agree to follow all Wallingford Park & Rec's Park and Field Use Rules and Regulations. I agree that while we use the Town of Wallingford Facilities and Fields for practice, games, tournaments, and events that we will not discriminate on the basis of disability. Ref. Title II of the ADA.

**Firm commitments should not be made until you receive confirmation from this office within 5 business days**

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

**PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.**

If you need more room you can also send us an email with all the details.

Admission Charged? YES NO Admission Charge: \_\_\_\_\_

Does Your Organization Charge Dues? If Yes, Amount: \$ \_\_\_\_\_

Is Event open to the Public? YES NO Fund Raiser? YES NO

Will goods be sold? YES NO If Yes, please describe \_\_\_\_\_

Will there be a tent or canopy? YES NO SIZE \_\_\_\_\_

LOCATION OF TENT \_\_\_\_\_

May be subject to Building Dept / Fire Marshall approval.

How many vehicles do you expect? \_\_\_\_\_

Will Food be sold? YES NO If yes, describe \_\_\_\_\_

Will there be Food Vendors/Distributors? YES NO

Must obtain Permits:  Police  Health

Will there be entertainment or amusements? YES NO

If yes, describe \_\_\_\_\_

Will there be Amplified Sound YES NO If yes, by what means \_\_\_\_\_

Will there be any fire of any type? YES NO Use of Propane? YES NO

Any additional information:

**FOR OFFICE USE ONLY**

REC STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

Insurance Building Permits  
Police Fire Health Permit

APPROVED/DENIED: \_\_\_\_\_

**PAYMENT INFORMATION**

CLEANING DEPOSIT: \$ 100.00 Cash Check \_\_\_\_\_ CC \_\_\_\_\_

RESERVATION FEE: \$ \_\_\_\_\_ Cash Check \_\_\_\_\_ CC \_\_\_\_\_

REFUND AMOUNT: \_\_\_\_\_

ENTERED INTO MYREC: \_\_\_\_\_

Date: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_