



**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 \_\_\_\_\_

**FACILITY 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.

**APPLICANT** **EVENT CONTACT - (if different than Applicant)**

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**

<p><b>Meeting Rooms</b></p> <p><input type="checkbox"/> Room 1 70 chairs      <input type="checkbox"/> Room 4.5 35 chairs  <input type="checkbox"/> Room 2 20 chairs      <input type="checkbox"/> Room 7 57 chairs  <input type="checkbox"/> Room 3 45 chairs      <input type="checkbox"/> Room 12 15 chairs  <input type="checkbox"/> Room 4 10 chairs</p> <p><b>Party Rooms</b></p> <p><input type="checkbox"/> Room 7 57 chairs      <input type="checkbox"/> Room 15 70 chairs</p> <p><b>Activity Room</b></p> <p><input type="checkbox"/> Room 14 50 people      <input type="checkbox"/> Room 15 70 people  <input type="checkbox"/> Room 16 125 people      <input type="checkbox"/> Gym _____ Half/Full  <input type="checkbox"/> Other _____</p>	<p>DATE(S)/DAY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">JAN</td> <td style="width: 50%;">JUL</td> </tr> <tr> <td>FEB</td> <td>AUG</td> </tr> <tr> <td>MAR</td> <td>SEP</td> </tr> <tr> <td>APR</td> <td>OCT</td> </tr> <tr> <td>MAY</td> <td>NOV</td> </tr> <tr> <td>JUN</td> <td>DEC</td> </tr> </table> <p><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</p> <p>HOURS(Include set-up and clean-up)</p> <p>START _____ AM/PM      END _____ AM/PM</p> <p>FREQUENCY    <input type="checkbox"/> One-Time      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly</p>	JAN	JUL	FEB	AUG	MAR	SEP	APR	OCT	MAY	NOV	JUN	DEC
JAN	JUL												
FEB	AUG												
MAR	SEP												
APR	OCT												
MAY	NOV												
JUN	DEC												

**EVENT INFORMATION**

NAME OF EVENT	TOTAL EXPECTED ATTENDANCE
	YOUTH _____
	ADULTS _____

I have read and agree to follow all Wallingford Park & Rec's Facility Rules and Regulations.  
 I agree that while we use the Town of Wallingford Facilities for practice, games, meetings, 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 entertainment or amusements? YES NO

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

Name of Vendor \_\_\_\_\_ Certificate of Insurance \_\_\_\_\_ Yes/No

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 a DJ? YES NO

Name \_\_\_\_\_ Provide their own equipment YES NO

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

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: \$ \_\_\_\_\_ Cash Check \_\_\_\_\_ CC \_\_\_\_\_

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

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

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

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