

2003

TOWN OF LEWISBORO

2003

PARKS & RECREATION DEPARTMENT

Telephone: 232-6162

Fax: 232-6165

GROUP USE APPLICATION - LEWISBORO TOWN PARK

FACILITIES REQUESTED (Check all that apply):

- Lions Club Picnic Pavilion _____
- Basketball court (1) _____
- Sand Volleyball court (1) _____
- Ballfield _____
- Pool (separate fee schedule) _____
- Camp site _____
- Pool picnic area (seasonal) _____

CIRCLE ONE: Private Service Organization Church School

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

GROUP LEADER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PURPOSE OF GROUP USE: _____

ESTIMATED NUMBER OF PARTICIPANTS - ADULTS: _____

CHILDREN: _____

WILL A FEE BE CHARGED FOR THIS EVENT: _____

WILL AN ALCOHOLIC BEVERAGE PERMIT BE REQUESTED? YES NO
If yes, an alcoholic beverage permit application must be filled out and approved by the Town Clerk (application is attached).

DATES REQUESTED:

Day _____ Date _____ Time from _____ to _____

Day _____ Date _____ Time from _____ to _____

NOTE: Dates for Town Park Lions Club picnic pavilion in the spring and summer are at a premium, therefore, raindates cannot be reserved.

STATE THE NATURE OF ANY UNUSUAL EQUIPMENT YOU PLAN TO BRING TO THE PARK: _____

AMERICANS WITH DISABILITIES ACT: The Lewisboro Parks and Recreation Department is committed to ensuring that individuals with disabilities are able to utilize and enjoy our programs and activities to the fullest extent possible. Please let us know if you or a family member have any special needs.

FACILITY USE FEE (Lion's Club Pavilion):

There will be a minimum non-refundable fee charged of \$_____ for the use of the facility. This fee must accompany the application.

FACILITY SECURITY DEPOSIT (Lion's Club Pavilion):

There is a \$100.00 required security deposit which must also accompany the application. Any violation of "Park Rules," damage and especially if refuse and trash are not removed will result in forfeiture of the deposit.

The undersigned hereby agrees to abide by the Park rules listed in the attached, take care of the premises and be responsible for any loss or damage to property and/or equipment. Furthermore, we release the Town of Lewisboro and all related officials and employees from any responsibility for any liability in connection with use of this facility.

Signature of Applicant
(Must be a Lewisboro Resident)

FOR OFFICE USE ONLY:

NAME OF INDIVIDUAL/ORGANIZATIONS: _____

- () Application approved
- () Application denied
- () Approval with the following conditions:

FOR OFFICE USE:

- () Permit fee paid - Amount \$ _____
- () Deposit paid - Amount \$ _____
- () Date recorded in reservation book
- () Alcoholic beverage permit obtained
- () Permit sent to registrant

SUPERINTENDENT, PARKS & RECREATION

DATE COPY OF APPLICATION SENT TO PARKS DEPARTMENT: _____

DATE COPY OF APPLICATION SENT TO LEWISBORO POLICE: _____