



# TOWN OF PUTNAM

TOWN HALL  
126 CHURCH STREET  
PUTNAM, CONNECTICUT 06260



## APPLICATION FOR USE OF RECREATION FACILITIES

ALL APPLICATIONS ARE SUBJECT TO PRIOR APPROVAL FROM THE RECREATION COMMISSION.  
THE RECREATION COMMISSION MEETS THE LAST TUESDAY OF EACH MONTH.

NAME OF INDIVIDUAL/ORGANIZATION REQUESTING PERMISSION FOR USE OF FACILITY: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_

(Corporation, Civic, Non-Profit, Individual, Etc.)

MAILING ADDRESS (include city, state, zip) \_\_\_\_\_

PHONE: \_\_\_\_\_

PRINCIPAL INDIVIDUAL RESPONSIBLE FOR USE OF FACILITY: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF PROPERTY REQUESTED \_\_\_\_\_ LOCATION \_\_\_\_\_

NATURE OF AFFAIR: \_\_\_\_\_

START DATE (M,D,Y) \_\_\_\_\_ END DATE (M,D,Y) \_\_\_\_\_

START TIME \_\_\_\_\_ END TIME \_\_\_\_\_

PLEASE CHECK AVAILABILITY OF ELECTRICITY OR RUNNING WATER PRIOR TO EVENT WITH REC. DEPT.

HOW MANY WILL ATTEND? \_\_\_\_\_

IS ADMISSION FEE CHARGED? \_\_\_\_\_ FEE AMT \_\_\_\_\_

It is expressly acknowledged by the applicant which term specifically includes the signer of this agreement and the organization on behalf of which this application is signed is responsible for utilizing the facility with due care and in conformity with all rules, laws and regulations. It is the applicant's duty to report immediately, any incident specifically, including personal injury or damage to property that occurs during the applicant's activity on Town property. Further, the applicant hereby agrees to indemnify and hold harmless the Town of Putnam, Putnam Recreation Commission, their agents, servants and employees from any and all liability or claims resulting from the applicant's use of presence on the subject premises. Finally, the applicant shall provide proof of liability insurance naming the Town as an additional insured in such amounts and with companies as the Recreation Commission may require.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE RECREATION DEPT. WITH A COPY OF PROOF OF LIABILITY INSURANCE UPON APPROVAL OF APPLICATION FROM THE RECREATION COMMISSION PRIOR TO THE EVENT.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

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### FOR OFFICE USE:

(APPROVED)

DATE: \_\_\_\_\_

\_\_\_\_\_  
RECREATION DIRECTOR

(NOT APPROVED)

DATE: \_\_\_\_\_

\_\_\_\_\_  
RECREATION DIRECTOR

PLEASE NOTE THAT RECREATION COMMISSION FUNCTIONS TAKE PRIORITY.

126 CHURCH ST, PUTNAM CT 06260

860-963-6800 EXT 140 OR EXT 141

[WWW.PUTNAMCT.US](http://WWW.PUTNAMCT.US)