



"Our mission is to enhance, promote and support quality recreation facilities and opportunities for all residents of the community."

APPLICATION FOR USE OF RECREATION FACILITIES

NAME OF ASSOCIATION _____

TYPE OF ORGANIZATION _____

(CORPORATION, CIVIC, NON-PROFIT, INDIVIDUAL, ETC.)

MAILING ADDRESS (include city, state, zip) _____

PHONE _____

PRINCIPAL OFFICER/ PERSON RESPONSIBLE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

PROPERTY REQUESTED _____

NATURE OF AFFAIR _____

DAYS _____

START DATE (BE SPECIFIC) _____ END DATE _____

STARTING TIME _____ END TIME _____

HOW MANY WILL ATTEND? _____

IS ADMISSION FEE CHARGED? _____ FEE? _____

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 Thompson, Thompson Recreation Commission, their agents, servants and employees from any and all liability or claims resulting from the applicant's use or 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 such companies as the Recreation Commission may require.

DATE _____ SIGNED _____

FOR OFFICE USE:

APPROVED

DATE _____

RECREATION DIRECTOR

PLEASE NOTE THAT RECREATION COMMISSION FUNCTIONS TAKE PRIORITY.

PO Box 899 • 815 Riverside Drive • North Grosvenordale, CT 06255
860-923-9440 • Fax 860-923-3836
www.thompsonrec.org