

TOWN OF THOMPSON Recreation Department

815 Riverside Drive P.O. Box 899 North Grosvenordale, CT 06255 Phone: 860-923-9440 E-MAIL: recreationdirector@thompsonct.org www.thompsonrec.org

APPLICATION FOR USE OF TOWN FACILITIES

NAME OF PERSON/ORGAN	ZATION	
TYPE OF ORGANIZATION INDIVIDUAL, ETC.)		(CORPORATION, CIVIC, NON-PROFIT,
MAILING ADDRESS (include	e city, state, zip)	·
PERSON RESPONSIBLE (if c	lifferent from above)	•
CELL PHONE	E-MAIL .	
TYPE OF EVENT		
EVENT DATE:	STARTING TI	MEEND TIME
REOCCURING PROGRAM D	ATES:	
ANTICIPATED ATTENDANCI	E?	
TENTS LARGER THAN 1200?	(Y/N)	
FOOD TRUCKS/VENDORS?	(Y/N)	
FACILITY REQUESTING:		
RIVERSIDE GAZEBO	F	RIVERSIDE PARK
RIVERSIDE SOFTBALL FIELD	D	BULL HILL RECREATION AREA
agreement and the organize the facility with due care and to report immediately any in occurs during the applicant indemnify and hold harmlesservants and employees from the subject premises. Fi	ation on behalf of which all in conformity with all neident specifically included in a cativity on Town properties the Town of Thompsom any and all liability on the cativity of the cativity of the applicant shall neity, the applicant shall neity.	th term specifically includes the signer of this he this application is signed is responsible for utilizing larges, laws, and regulations. It is the applicant's duty uding personal injury or damage to property that perty. Further, the applicant hereby agrees to con, Thompson Recreation Commission, their agents, or claims resulting from the applicant's use or presence ill provide proof of liability insurance naming the Town such companies as the Recreation Commission may
DATE	SIGNED	



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deduction to the first of the f		
FOR OFFICE USE:		
APPROVED	DENIED	
DATE	RECREATION DIRECTOR	
DATE	FIRST SELECTMAN (if applicable)	

PLEASE NOTE THAT TOWN OF THOMPSON FUNCTIONS TAKE PRIORITY

PO Box 899 · 815 Riverside Drive · North Grosvenordale, CT 06255 860-923-9440 · Fax 860-923-3836

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