



**BRANFORD PARKS & RECREATION DEPARTMENT &  
JOE TRAPASSO COMMUNITY HOUSE HONORING THE WORLD WAR II VETERAN'S  
FACILITY & FIELD USE REQUEST FORM**

46 CHURCH STREET, BRANFORD, CT. 06405

PHONE: (203)488-8304 FAX: (203)315-4017 EMAIL: [recreation@branford-ct.gov](mailto:recreation@branford-ct.gov) WEB: [www.branfordrecreation.org](http://www.branfordrecreation.org)

**PLEASE FILL OUT THIS FORM COMPLETELY**

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Organization/Group/Team: \_\_\_\_\_ # of participants: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:(\_\_\_\_)\_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

**INDEMNIFICATION**

*(Please note: Groups may be asked to supply proof of Non-Profit status/Org. ID/Tax Exempt # and a league roster of the last season for verification at the discretion of the Director of Recreation)*

To the fullest extent permitted by law, and without regard to the provisions of any insurance policy that purports to limit this indemnification, the applicant and such applicant's subcontractors, independent contractors, officers, servants, employees, or agents, shall indemnify and hold harmless the Town of Branford, and its agents, officers, servants, directors and employees from and against any and all liability, loss, claims, damages, fines, penalties, costs and expenses (including reasonable attorney's fees), judgments and awards related to or arising out of the use of a Town park/facility (collectively, "Damages") sustained, incurred or suffered by or imposed upon the Town or its agents, officers, servants, directors and employees.

In performing your obligations in using and accessing the Town's property, you and your members, invitees, successors and assigns shall comply with all applicable statues, laws, regulations, codes, rules or orders of or issued by any governmental body having jurisdiction over the use of said premises, **including but not limited to, any Executive Orders issued by Governor Ned Lamont and any Sector Rules adopted and implemented by the State of Connecticut requiring cleaning and/or social distancing practices to combat the spread and infection of COVID-19.**

**YOU HEREBY CERTIFY THAT YOU, YOUR GROUP AND/OR ORGANIZATION HAS RECEIVED A "REOPEN CT BADGE," IF APPLICABLE, AND YOU, YOUR GROUP AND/OR ORGANIZATION SHALL ADHERE TO THE GOVERNOR'S EXECUTIVE ORDERS AND SECTOR RULES CONCERNING COVID-19 MITIGATION EFFORTS.**

Print Name of Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**RESERVATION INFORMATION**

NOTE: Please submit a valid certificate of insurance with each request.

Please list the exact dates; (month, day & date, room approvals will take place quarterly)

Date: \_\_\_\_\_ Start Time : \_\_\_\_\_  AM  PM to End Time: \_\_\_\_\_  AM  PM

Date: \_\_\_\_\_ Start Time : \_\_\_\_\_  AM  PM to End Time: \_\_\_\_\_  AM  PM

Date: \_\_\_\_\_ Start Time : \_\_\_\_\_  AM  PM to End Time: \_\_\_\_\_  AM  PM

Date: \_\_\_\_\_ Start Time : \_\_\_\_\_  AM  PM to End Time: \_\_\_\_\_  AM  PM

Date: \_\_\_\_\_ Start Time : \_\_\_\_\_  AM  PM to End Time: \_\_\_\_\_  AM  PM

Date: \_\_\_\_\_ Start Time : \_\_\_\_\_  AM  PM to End Time: \_\_\_\_\_  AM  PM

(please use additional paper if necessary)

**PARK/FACILITY INFORMATION**

**Check off Park of Interest:**

- Foote Memorial Park
- Veterans' Memorial Park
- Tisko
- Hammer Field: circle one: Ham 1 Ham 2 Ham 3
- Young's Pond
- Branford Hills
- West Point Field
- Flax Mill Field
- Other: \_\_\_\_\_

**Check off Area of Interest**

- Pavilion (circle one) Veteran's Memorial Foote Park
- Soccer Field  Baseball Field  Softball Field  Tennis Courts  Basketball Court
- Other: \_\_\_\_\_

**EVENT INFORMATION**

**Please read the rules & regulations below carefully**

Name of Event: \_\_\_\_\_

Is this event open to the public?  Yes  No Are you charging a fee?  Yes  No

Is this a fundraiser?  Yes  No Will there be a DJ?  Yes  No

Will there be outside entertainment?  Yes  No Please describe: \_\_\_\_\_

Will you be serving food?  Yes  No

Will you be using a caterer?  Yes  No Will you be using the kitchen?  Yes  No

If yes to caterer, **please submit a valid certificate of insurance from the caterer naming with the Town of Branford, 1019 Main Street listed as an additional insurer on the certificate.**

**NOTE:** A \$150.00 kitchen deposit is required for the use of the kitchen. Kitchen can be used for heating food only. Kitchen supplies, utensils, other than cleaning supplies, **cannot** be used or your deposit will be forfeited. Please use the cleaning supplies that are provided. Please read the additional rules and regulations attached. Please list any additional information: \_\_\_\_\_

Room Set-up Request: \_\_\_\_\_

**CERTIFICATE OF LIABILITY INSURANCE REQUIREMENTS**

All individuals, organizations, teams, or leagues must agree to maintain in force at all time during the term of the Facility Use Agreement the following minimum coverage and shall name the Town of Branford, its Agents, Employees, Officials and Volunteers as Additional Insureds on a primary and non-contributory basis. All policies must also include a Waiver Subrogation. An original, completed Certificate of Insurance must be provided to the Town prior to the use of facilities.

**Commercial General Liability:**

|  |             |
|--|-------------|
| General Aggregate Limit.....                               | \$2,000,000 |
| Each Occurrence for Bodily Injury and Property Damage..... | \$1,000,000 |

**Additional Insured:** The Town of Branford shall be named as an additional insured and this coverage shall be stipulated under "Description of Operations: shall be worded as follows:

The Town of Branford, its Agents, Employees, Officials, and Volunteers shall be named as Additional Insureds.

**Certificate Holder:**

The certificate holder shall be named as: Town of Branford, 1019 Main Street, Branford, CT. 06405

**PLEASE READ CAREFULLY**

**ALCOHOL IS PROHIBITED ON ALL PROPERTY**

All facility/field reservations are subject to approval by the Director of Parks & Recreation. In consideration for the use of the Joe Trapasso Community House, I certify that the information provided is accurate and I understand and accept full responsibility for the conduct of the group and any damages to equipment or the facility. The facility can be reserved for a maximum of 4 hours unless permission has been granted. Hours of operation are from 8:00 AM to 10:00 PM. Hours are limited to Monday through Saturday.

## FEE SCHEDULE

**Full payment by individuals or groups reserving a room/facility must be returned with the application for consideration. Reservation will not be approved without proper documents and payment.**

Celebration/Birthday Parties: \$100.00 for 4 hour time slot Refundable deposit of \$100.00

Condo/Neighborhood Associations: \$25.00 for 2 hour time slots

General Rentals: \$100.00

**PLEASE NOTE: If you have a past due balance, your facility request will not be granted until all unpaid balances are paid in full and any new request will be automatically denied.**

**Additional Conditions:** You must supply table coverings for all events that involve food, drawing, arts & crafts and other messy activities/events. Please remove all decorations. Leave the area clean and make sure that all trash is put in the appropriate trash bins. Do not leave anything behind.

**For More information:** Contact the Main Office: 203-488-8304 **Email:** [recreation@branford-ct.gov](mailto:recreation@branford-ct.gov)

**Submitting your request:** Mail, email or fax forms to: Branford Parks and Recreation Department, 46 Church Street.  
**Email:** [recreation@branford-ct.gov](mailto:recreation@branford-ct.gov). **Fax:** (203) 315-4017

I have read and agree to follow all the Joe Trapasso Community House rules and regulations. I agree that while we use the Town of Branford's facilities, fields or the Joe Trapasso Community House for meetings, events, practices, games and tournaments, that we will not discriminate. Please see attached rules and regulations.

***Firm commitments should not be made until your receive confirmation from this office within 5 business days. I attest that I have read this form and have received and understand the rules and regulations for the usage.***

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant/ Date:

### FOR OFFICE USE ONLY:

Resident:  Yes  No

Residents License: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Additional Requirements:

- Certificate of Insurance
- Signed Indemnification Form
- Copy of License (Branford Addresses Only)
- Kitchen usage form signed
- Waiver Signed
- Health Permit
- Other

Approved  Denied:

Notes:

Type of Event:  
\_\_\_\_\_

### PAYMENT INFORMATION:

Reservation Fee: \$\_\_\_\_\_  cash  check# \_\_\_\_\_  CC

Deposit: \$\_\_\_\_\_  cash  check# \_\_\_\_\_  CC

**Kitchen Deposit: \$150.00**

cash  check# \_\_\_\_\_  CC

Refund Amount: \$\_\_\_\_\_  cash  check# \_\_\_\_\_  CC

Entered into MyRec: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_