

APPLICATION FOR THE USE OF THE BRANFORD RECREATION DEPARTMENT
JOSEPH TRAPASSO COMMUNITY HOUSE
46 CHURCH STREET BRANFORD, CT 06405
(203) 488-8304

NAME OF ORGANIZATION: _____ TODAY'S DATE _____

CONTACT PERSON: _____ HM PHONE: _____

ADDRESS: _____ WK PHONE: _____ EXT. _____

CELL PHONE: _____ FAX NUMBER: _____

PURPOSE OF MEETING _____

NUMBER ATTENDING FUNCTION: _____

E-MAIL ADDRESS: _____

***PLEASE LIST THE EXACT DATES: (MONTH, DAY, AND DATE) AM/ PM AM/ PM**

DATE: _____ TIME: FROM _____ TO _____

DATE: _____ TIME: FROM _____ TO _____

DATE: _____ TIME: FROM _____ TO _____

DATE: _____ TIME: FROM _____ TO _____

DATE: _____ TIME: FROM _____ TO _____

DATE: _____ TIME: FROM _____ TO _____

DATE: _____ TIME: FROM _____ TO _____

***PLEASE USE ADDITIONAL PAPER IF NECESSARY**

ROOM SET-UP REQUEST: _____

(CLASSROOM STYLE, U-SHAPE ETC.)

PLEASE READ THE FOLLOWING:

ALCOHOL IS PROHIBITED

All room reservations are subject to approval by the Director of Recreation. In consideration of the use of the Branford Recreation 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.

Please contact Andrea Kenney at 488-8304 with any questions or you may e-mail akenney@branford-ct.gov. Rooms can be signed out for a maximum four hour slot unless permission is received. Hours during the day are from 8:30 a.m. to 5:00 p.m. Evenings hours are from 5:00 p.m. until 9:30 p.m. sharp. Our building is closed on Sundays all year long. If you are interested in using a room for a birthday party, please fill out the birthday party form.

For cancellations and closings due to inclement weather, please call 488-8304 and access our directory.

Signature

Date

Mail all forms to: "Branford Recreation Department"
Attn. Andrea Kenney
46 Church Street
Branford, CT 06405

or fax to: 203-315-4017
or email to: akenney@branford-ct.gov

Forms can also be submitted to the Recreation Department office. Office hours are from 8:30 a.m. to 4:30p.m.

PLEASE SUBMIT A VALID CERTIFICATE OF INSURANCE WITH EACH REQUEST.

ROOM APPROVAL WILL TAKE PLACE QUARTERLY.