



**JOE TRAPASSO COMMUNITY HOUSE HONORING THE WORLD WAR II VETERAN'S FACILITY USE REQUEST FORM**

46 CHURCH STRTEET, BRANFORD, CT. 06405

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

Any person/organization issued a permit shall observe all rules, regulations, and ordinance adopted by the Town of Branford. The person/organization to whom the permit is issued shall agree to be liable for any loss, damage, or injury sustained by any other person or property whatever the reason of negligence on the part of any person engaged in the activity being sponsored under the permit. The applicant agrees to hold the Town of Branford and any of its agents and employees harmless for any and all losses caused by the permittee or any person engaged in activity being sponsored under the permit.

**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: \_\_\_\_\_

**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

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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)

**EVENT INFORMATION**

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

Is this event open to the public?  Yes  No

Do you charge 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

Please list any additional information: \_\_\_\_\_

**PLEASE READ CAREFULLY**

**PLEASE READ THE FOLLOWING:**

**ALCOHOL IS PROHIBITED ON ALL PROPERTY**

**PLEASE SUBMIT A VALID CERTIFICATE OF INSURANCE WITH EACH REQUEST.** The Town of Branford, 46 Church Street, Branford, **must be listed as an additional insured on the certificate.**

All room 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**

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

**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 Andrea Kenney Main Office: 203-488-8304  
Email [akenney@branford-ct.gov](mailto:akenney@branford-ct.gov) direct line 203-315-2355

**Submitting your request:** Mail, email or fax forms to: Branford Parks and Recreation Department, Attn: Andrea Kenney, 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 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.**

\_\_\_\_\_  
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  
 Health Permit  
 Other  
  
 Approved  Denied:  
  
Notes:

**PAYMENT INFORMATION:**

Reservation Fee: \$ \_\_\_\_\_  cash  check# \_\_\_\_\_  CC  
  
Deposit: \$ \_\_\_\_\_  cash  check# \_\_\_\_\_  CC  
  
Refund Amount: \$ \_\_\_\_\_  cash  check# \_\_\_\_\_  CC  
  
Entered into MyRec: \_\_\_\_\_  
Processed By: \_\_\_\_\_  
Date: \_\_\_\_\_