



**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 WEB: 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

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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

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

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.**

Please list any additional information: _____

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

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

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. **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: <input type="checkbox"/> Yes <input type="checkbox"/> No Residents License: _____ Initials: _____ Date Request Received: _____ Additional Requirements: <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Signed Indemnification Form <input type="checkbox"/> Copy of License (Branford Addresses Only) <input type="checkbox"/> Waiver Signed <input type="checkbox"/> Health Permit <input type="checkbox"/> Other <input type="checkbox"/> Approved <input type="checkbox"/> Denied: Notes:	PAYMENT INFORMATION: Reservation Fee: \$_____ <input type="checkbox"/> cash <input type="checkbox"/> check# _____ <input type="checkbox"/> CC Deposit: \$_____ <input type="checkbox"/> cash <input type="checkbox"/> check# _____ <input type="checkbox"/> CC Refund Amount: \$_____ <input type="checkbox"/> cash <input type="checkbox"/> check# _____ <input type="checkbox"/> CC Entered into MyRec: _____ Processed By: _____ Date: _____
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Revised: 04/26/2021

Attachment: Facility Rules and Regulations