



## WALLINGFORD RECREATION DEPARTMENT

6 Fairfield Blvd Wallingford, CT 06492  
 PHONE: (203)294-2120 FAX: (203)294-2127  
 EMAIL: [parksrec@wallingfordct.gov](mailto:parksrec@wallingfordct.gov)  
[www.town.wallingford.ct.us](http://www.town.wallingford.ct.us)

Non-resident Yes \_\_\_ No \_\_\_  
 Resident License \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Date Stamp \_\_\_\_\_

## FACILITY USE REQUEST FORM

Any person issued a permit shall observe all rules, regulations and ordinances adopted by the Town of Wallingford. The person to whom a permit is issued shall agree to be liable for any loss, damage or injury sustained by any 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 Wallingford 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.

**Maintenance/Disruption Fee: A \$100.00 (cash only) will be assessed for parties at the Wallingford Park & Rec. If there are no issues and the room is left clean the \$100.00 will be returned on the next business day.**

APPLICANT		EVENT CONTACT - (if different than Applicant)													
APPLICANT NAME	ORGANIZATION NAME	EVENT CONTACT NAME													
ADDRESS (Street, City, State, Zip)	PHONE	ADDRESS (Street, City, State, Zip)	PHONE												
	E-MAIL		E-MAIL												
RESERVATION INFORMATION															
<b>Meeting Rooms</b> <input type="checkbox"/> Room 1 70 chairs <input type="checkbox"/> Room 4.5 35 chairs <input type="checkbox"/> Room 2 20 chairs <input type="checkbox"/> Room 7 57 chairs <input type="checkbox"/> Room 3 45 chairs <input type="checkbox"/> Room 12 15 chairs <input type="checkbox"/> Room 4 10 chairs		DATE(S)/DAY <table border="1"> <tr> <td>JAN</td> <td>JUL</td> </tr> <tr> <td>FEB</td> <td>AUG</td> </tr> <tr> <td>MAR</td> <td>SEP</td> </tr> <tr> <td>APR</td> <td>OCT</td> </tr> <tr> <td>MAY</td> <td>NOV</td> </tr> <tr> <td>JUN</td> <td>DEC</td> </tr> </table>		JAN	JUL	FEB	AUG	MAR	SEP	APR	OCT	MAY	NOV	JUN	DEC
JAN	JUL														
FEB	AUG														
MAR	SEP														
APR	OCT														
MAY	NOV														
JUN	DEC														
<b>Party Rooms</b> <input type="checkbox"/> Room 7 57 chairs <input type="checkbox"/> Room 15 70 chairs															
<b>Activity Room</b> <input type="checkbox"/> Room 14 50 people <input type="checkbox"/> Room 15 70 people <input type="checkbox"/> Room 16 125 people <input type="checkbox"/> Gym _____ Half/Full <input type="checkbox"/> Other _____		<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN HOURS(Include set-up and clean-up) START _____ AM/PM      END _____ AM/PM FREQUENCY <input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly													
EVENT INFORMATION															
NAME OF EVENT		TOTAL EXPECTED ATTENDANCE													
		YOUTH _____													
		ADULTS _____													

I have read and agree to follow all Wallingford Park & Rec's Facility Rules and Regulations.

I agree that while we use the Town of Wallingford Facilities for practice, games, meetings, tournaments, and events that we will not discriminate on the basis of disability. Ref. Title II of the ADA.

**Firm commitments should not be made until you receive confirmation from this office within 5 business days.**

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

**PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.**

If you need more room you can also send us an email with all the details.

Admission Charged? YES NO

Admission Charge: \_\_\_\_\_

Does Your Organization Charge Dues? If Yes, Amount: \$ \_\_\_\_\_

Is Event open to the Public? YES NO

Fund Raiser? YES NO

Will goods be sold? YES NO If Yes, please describe \_\_\_\_\_

Will there be entertainment or amusements? YES NO

If yes, describe \_\_\_\_\_

Name of Vendor \_\_\_\_\_ Certificate of Insurance \_\_\_\_\_ Yes/No

How many vehicles do you expect? \_\_\_\_\_

Will Food be sold? YES NO If yes, describe \_\_\_\_\_

Will there be Food Vendors/Distributors? YES NO

Must obtain Permits: ☐ Police ☐ Health

Will there be a DJ? YES NO

Name \_\_\_\_\_ Provide their own equipment YES NO

Will there be Amplified Sound YES NO If yes, by what means \_\_\_\_\_

Any additional information:

**FOR OFFICE USE ONLY**

REC STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

Insurance

Building Permits

Police

Fire

Health Permit

APPROVED/DENIED: \_\_\_\_\_

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

**PAYMENT INFORMATION**

CLEANING DEPOSIT: \$ \_\_\_\_\_

Cash Check \_\_\_\_\_ CC \_\_\_\_\_

RESERVATION FEE: \$ \_\_\_\_\_

Cash Check \_\_\_\_\_ CC \_\_\_\_\_

REFUND AMOUNT: \_\_\_\_\_

ENTERED INTO MYREC: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_