

## Please read the instructions prior to filling out the facility use form.

- 1. Print your name, address, and a telephone number at which you can be reached during 8:30 a.m. to 4:00 p.m.
- 2. Check the facility or facilities you wish to use.
- 3. Requested use please be specific as to the nature of the use and/or if you are representing a specific league or organization.
- 4. Special circumstances (a) address needs which may not be currently available, i.e. need for tent, chairs, bleachers, decorations, etc. (b) give an estimated attendance which is needed to determine such things as crowd control and parking
- 5. Provisions for cleanup there is no charge for normal field maintenance such as mowing grass. However, if you plan on decorating or placing items on the field, lining the field, the town will assess a fee if town workers are required to provide the service to restore the facility to its original state.
- 6. The Senior Center rental fee is \$100, a security deposit of \$200 is required to be used for extra cleaning services, loss of property and damage, the security deposit will be returned within 72 hours of the event.

If there are no conflicts with other activities or fees assessed, the Town Administrator, or its representative, will make every effort to authorize this request within three (3) business days. If a conflict is determined or fees are required, this request will be presented at the next meeting of the Board of Selectmen. Special meetings can be arranged for extenuating circumstances.

Applicant name:			
Address:	Town/City:		
Telephone:	EMAIL:		
Facility Requested:			
Cheshire School (Café)	Town Hall Park		
Cheshire School Field	Street(s) (Specify:	)	
Little League Field, School Street	Other (Specify:	)	
Senior Center			

## TOWN FACILITIES REQUEST FORM

Date(s) of Use:	
Hour(s) of Use:	
Requested Use: (please be specific as to the nature	of the event)
Special Circumstances: (i.e., chairs on lawn, decor	ations at gazebo, tents, etc.)
Number of Participants/Attendees:	
Provisions for Cleanup: (a fee will be assessed if n	one provided)
This application will not be processed without the required by our insurance carrier.	following information. Liability insurance is
Insurance: Organizations will need to provide a c	ertificate of insurance.
Name of Insured:	
Policy number or Insurer:	
Policy Expiration Date:	
Alcoholic beverages are not allowed on premise Town Buildings.	s, no alcoholic beverages are allowed in
Special Fees:	
Town Common Use for non-residents:	\$ 25.00
Daytime Field use (6 hours maximum):	\$ 50.00
Nighttime Field use:	\$ 75.00
Police Officers x \$50 (per patrol person)	\$

The Town of Cheshire allows "free" use of its facilities to:

- Non-profit town affiliated functions (i.e. youth/high school sports programs, league field day, etc.), provided the non-profit organization provides proof of its status as a non-profit.
- o Town residents: (i.e. weddings at the town common, etc.)
- Town Employees

## **RULES GOVERNING USE OF TOWN FACILITIES**

- 1. **Absolutely No Alcohol** to be consumed in Town buildings.
- 2. **No alterations** to structures or grounds.
- 3. Property must be kept clean and returned in clean, useable form.
- 4. Events and activities must be conducted in a well-controlled, responsible manner.
- 5. Use of the Kitchen at the Senior Center:
  - a. Please leave the kitchen, bathrooms and main hall as found
  - b. Fill the sink with warm soapy water on departure with used kitchen utensils, the dishwasher is for use by Senior Center staff only.
  - c. Please sanitize all surfaces including tables in the main hall with cleaner provided in the kitchen
  - d. Stove and microwave can be used for warming, please clean if used.

I/We hereby, by myself, heirs, executors, administrators and officials, release and hold harmless the Town of Cheshire from all liability arising out of my/our use of the town facilities as requested above. I/We accept responsibility for damages to the property.

I/We waive and release any and all rights and claims for damages I/We or my/our guests may have against the town of Cheshire for injuries as a consequence of my/our use of the town facilities.

Applicant Signature	Date:			
Applicant Name (Printed)	Date:			

Facilities Manager		Approve		Disapprove
Signature:	Date:			
Comments:				
Town Administrator		Approve		Disapprove
Signature:		Dat	e:	
Comments:				
Board of Selectmen		Approve		Disapprove
Signature:		Dat	:e:	
Comments:				