

**Winsted Recreation Department  
East End Park  
Facility Use Application  
Phone: (860)-738-6964  
Fax: (860)738-7053**

Sponsoring Organization \_\_\_\_\_ Responsible Party \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Date(s) of use (attach schedule if necessary) \_\_\_\_\_

Beginning time \_\_\_\_\_ Ending time \_\_\_\_\_

Intended Use \_\_\_\_\_

Certificate of Insurance received \_\_\_\_\_ Will you need police \_\_\_\_\_

Equipment you will bring \_\_\_\_\_

Specific Request \_\_\_\_\_

Will you be using the Bandstand? \_\_\_\_\_ Yes \_\_\_\_\_ NO

**Please be mindful that the Park includes Memorials of Fallen Soldiers.  
Please continue to honor these during your event.**

The signing of the facility use application shall constitute (**upon approval**) an acknowledgement by the group or organization of acceptance of responsibility for any damage to the facilities and/or equipment resulting from such use.

The parties using the Winsted Recreation Department facilities shall be responsible for the conduct of the people who attend and are participants at the event and for any infraction of the rules and shall pay any and all costs associated with repairs to the facility caused by the above parties. A deposit may be required.

All groups using Winsted Recreation Department facilities supervised by the sponsoring organization. The Winsted Recreation Department reserves the right to judge the adequacy of the supervision. If in their judgement additional personnel may be assigned and the costs will be passed on to the sponsoring group.

As agent for the above named group, I have read and understand the rules and regulations regarding use of Winsted Recreation Department facilities and I take full responsibility for enforcing them while the above named group uses the facilities.

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

Director of Recreation \_\_\_\_\_ Date \_\_\_\_\_