

860-267-7300 (ofc); 860-267-7800 (fax)

Mailing Address:

20 East High Street East Hampton, CT 06424

Drop-In Location:

240 Middletown Ave.; East Hampton, CT 06424



jhall@easthamptonct.gov
smullen@easthamptonct.gov
www.easthamptonct.gov

REQUEST PROCESS:
Submit 30 days prior to rental date:
1. completed application
2. rental fee (separate check)
3. security deposit (separate check)

SEARS PARK – PAVILION/PICNIC SHELTER Facility Application

APPLICANT NAME: <i>(must be an East Hampton resident)</i>	DATE OF USE	FACILITY <i>(check one)</i>	TIMEFRAME <i>(check one)</i>	FEES ENCLOSED
CONTACT INFO: Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____ Fax #: _____ E-mail Address: _____		<input type="checkbox"/> PAVILION • security deposit: \$ 125 • facility fee: \$ 125 full day or \$ 75 half day	<input type="checkbox"/> Full Day (9am-6pm) <input type="checkbox"/> Half Day (9am-1pm) <input type="checkbox"/> Half Day (1pm-6pm)	
		<input type="checkbox"/> PICNIC SHELTER	<input type="checkbox"/> Full Day (9am-6pm) <input type="checkbox"/> Half Day (9am-1pm) <input type="checkbox"/> Half Day (1pm-6pm)	
GROUP NAME: _____	Non-profit Organization? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> OTHER: _____		
GROUP ADDRESS: _____		# PEOPLE ATTENDING:		# of VEHICLES:
		# of E.Hampton residents: _____ Total # Attending: _____		
SPECIAL CONSIDERATIONS and/or EQUIPMENT NEEDED:				

INSURANCE/FINANCIAL RESPONSIBILITY: The Town of East Hampton does not provide participants' or spectators' medical, surgical, or hospital expenses arising out of proposed activity. Applicant may be required to submit a CERTIFICATE OF INSURANCE as a condition for the granting of approval. Said certificate, in the amount of \$1,000,000.00, will name the Town of East Hampton, its officers, agents, and employees as additional insured. If insurance has a deductible, the user shall be required to provide an additional security deposit in the amount of the deductible or a determined portion thereof. Upon completion of use, security deposit shall be returned in full, if there are no damages. If there are damages, the security deposit shall be used to offset the actual cost of repairs. All security deposits (when required) shall be paid in cash, credit card, or by bank/certified check made payable to the Town of East Hampton. Said conditions (if required) shall be met within a minimum of one week prior to scheduled event. If insurance certificate is not required, it is understood that applicant assumes financial responsibility for any damages to facility caused by persons using the facility. Additional Town staff or police protection may be required at the cost of the applicant.

HOLD HARMLESS: Applicant agrees that it will indemnify and hold harmless the Town of East Hampton and its respective officers, agents, and employees from any loss, cost, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same may be caused resulting directly or indirectly by any act or omission of the applicant, any subcontractor, anyone directly related or indirectly employed by any of them or anyone for whose act any of them may be liable resulting in bodily injury including sickness or death, personal injury or damage to property directly or indirectly, including the loss of use resulting there from as permitted by law.

RULES & REGULATIONS: Applicant agrees to abide by all the Rules & Regulations detailed on the Town of East Hampton website (www.easthamptonrec.com for Sears Park and/or other East Hampton Parks & Recreation facilities).

(signature ~ applicant) _____
(date)

(signature ~ Parks & Rec. Dept.) _____
(date)

Office Use Only:

Complete & Signed Application

Rental Fee.....\$ _____
ck # _____

Security Deposit.....\$ _____
ck # _____

Office Use Only:

copy to Park Attendant

copy to Applicant

Office Use Only:

returned Security Deposit on:
