Canaan Parks & Recreation Department

Use of Facilities Application

Sponsoring Organization _____ # _____

Facilities requested (specific field, pavilion, etc.):

_____

_____

Date(s): _____ Times: _____

Person Responsible:

Name: _____

Address: _____

PH# _____

Describe the activities for which facilities will be used:

_____

_____

_____

_____

For whom are these activities intended? _____

Number of participants? _____

Spectators? NO or YES Anticipated attendance: _____

Is there an admission charge? NO or YES How much? _____

How will the proceeds be used? _____

Please describe any activities, circumstances or requirements not covered above:

_____

Please provide the Town with a certificate of insurance with a minimum of $1 million in liability coverage and name the Town of Canaan as an additional insured for the specific event.

An inspection will be conducted after your event. If needed, a fee will be assessed for the cost of damage, if failure to return the park to its original condition.
Please report any damage or concerns to one of the Recreation Committee members as soon as it is discovered.
We do accept donations for the maintenance costs.
Thank you.....Canaan Parks and Recreation Department Committee

AFTER VEHICLES ARE UNLOADED, PLEASE MOVE VEHICLES TO PARKING LOT