

**TOWN OF NORTH BRANFORD
PARKS AND RECREATION DEPARTMENT**
1599 Foxon Road, P. O. Box 287, North Branford, CT 06471
203-315-6017

Reservation and Building Use Application

**ALL REQUESTS MUST BE REVIEWED BEFORE APPROVAL CAN BE GRANTED.
THIS FORM MUST BE SUBMITTED (WITH SECURITY DEPOSIT, IF APPLICABLE) WITHIN SEVEN
DAYS TO OUR OFFICE TO HOLD THE RESERVATION.**

****Firm commitments should not be made until you receive confirmation from this office***

Applicant/Organization: _____

Address: _____ Home Phone: _____

Person Responsible for Activity: _____ Work Phone: _____

Activity: _____ Number of people expected: _____

Date(s): _____ Times of Use: _____

ROOM REQUEST:

_____ CLARINO CHILDREN'S ROOM

_____ GUERTIN MULTI-PURPOSE ROOM

_____ CANDELORA ROOM

_____ NORTH BRANFORD HALL/SENIOR CENTER

EQUIPMENT REQUEST:

___ TV/VCR ___ RADIO _____ # OF CHAIRS _____ # OF TABLES ___ PODIUM

LIABILITY RELEASE FORM

I have read and understand the "Reservation and Building Use Policy" sheets. It is understood that use of the facility by the applicant is subject to any or all of the conditions listed on the form titled "Reservations and Building Use Policies". The Parks and Recreation Department reserve the right to make necessary changes due to demand of space requirements. Groups are responsible for room set-up. Rooms must be returned to original condition. In consideration of the use of the North Branford Community Center facility, I certify that the information provided is accurate. I accept full responsibility for the conduct of the group and any damage to equipment in the facility and/or the facility itself. The individual/group listed above shall indemnify and save harmless the Town of North Branford, the Parks and Recreation Department and its agents, employees and contractors from and against any and all loss, costs (including attorneys' fees), damages, expense, and liability in connection with claims for damages as a result of injury or death of any person or property damage to any property which arise from or in any manner grow out of any act or neglect while the undersigned is using or occupying the Town's property listed above.

APPLICANT SIGNATURE: _____ DATE: _____

APPROVED _____

DISAPPROVED _____

PAMELA GERY, DIRECTOR

Rental Amount Due: _____ Ck. #: _____ Date Rec'd: _____

COMMENTS: _____

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FEE SCHEDULE: Fees are based on an hourly basis; must include ample time for set up and clean up. An additional hourly charge will be applied if room is used longer than contracted

RESIDENT: \$20 per hour (Multi-Purpose Room, Children's Room, Candelora Room)
Set up and clean up on own. *Additional fee if two rooms are needed
A refundable deposit may be requested based on the size of the rental

NON-RESIDENT: \$25 per hour (Multi-Purpose Room, Children's Room, Candelora Room)
Set up and clean up on own. *Additional fee if two rooms are needed
A refundable deposit may be requested based on the size of the rental

MUNICIPAL/CIVIC GROUPS: No charge during regular hours Monday through Thursday from 6 a.m. to 9 p.m. and Friday from 6 a.m. to 8 p.m.
Set up and clean up on own.
\$15 per hour on Saturday after 1 p.m. or Sunday after 12 p.m.

NON-PROFIT 501© GROUPS: No charge during regular hours Monday through Thursday from 6 a.m. to 9 p.m. and Friday from 6 a.m. to 8 p.m.
Set up and clean up on own.
\$15 per hour on Saturday after 1 p.m. or Sunday after 12 p.m.

PAYMENT:
Full payment by individuals or groups reserving a room must be returned with the application. Residents will be required to show proper identification. Make checks payable to the "Town of North Branford." **FEES ARE NOT REFUNDABLE.**

