

Parks Comm. Use	
Approved _____	
Denied _____	
Signed _____	Date _____

Town of Seymour Parks Commission



Field Use Application - 2012 (Please Print)

Date of Application: _____ Organization: _____

Name of Applicant: _____ Address: _____

Phone No.: _____ Email Address: _____

Person responsible for event & phone number (if different from above)

Name: _____ Phone No.: _____ Email: _____

Location of Event (Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Chatfield School (N/A in 2012) | <input type="checkbox"/> Seymour High School | <input type="checkbox"/> Seymour Middle School |
| <input type="checkbox"/> Chatfield Park | <input type="checkbox"/> Sponheimer Field | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Chat. Park Pavilion | <input type="checkbox"/> Sub Varsity Field | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Bungay School | <input type="checkbox"/> Gesek Field | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Softball Field | |
| <input type="checkbox"/> French Mem. Park | <input type="checkbox"/> DeBarber Field | <input type="checkbox"/> Gary Park |
| <input type="checkbox"/> LoPresti School | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Matthies Field | | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Sochrin's Pond Park | | <input type="checkbox"/> Pavilion/Playground |
| <input type="checkbox"/> Sochrin's Park Pavilion | | |
| <input type="checkbox"/> French Park Tennis Courts | | |

Type of Event (Check one) Baseball Softball Soccer Other
 Football Special Event Tennis

Description of event/activity: _____

Date(s) Requested: _____ Hours: _____ to _____

Please read the following rules & procedures for use of Seymour parks

- 1.) Seymour school teams & groups have first priority on town fields.
- 2.) Seymour based teams or groups which are not affiliated with schools have next priority.
- 3.) Out of town teams or groups have next priority.

(Continued on back)

- 4.) Proper supervision and clean up is the responsibility of the permit holder.
- 5.) All Seymour parks are closed 30 minutes after sundown.
- 6.) Alcoholic beverages are not allowed.
- 7.) All groups using the parks must have adequate insurance and must name the Town of Seymour as an additional interest.
- 8.) In the event of sprinkler malfunctioning, light failure, or other unforeseen circumstance, please call 203 676-6778.
9. Email address must be on application as confirmation of permits is done only by email.
10. One week prior to the start of your season, send the parks commission the actual usage per field

Fee Schedule for Teams or Players

1. Out of town players that play on a Seymour team are assessed a \$10 fee (per player).
2. Out of town teams that use Seymour fields are assessed \$150 per team.
3. Out of town groups using our picnic pavilions are assessed \$150 per group.
4. Clinics/Camps that use Seymour fields are assessed 10% of the gross receipts.
5. Payment must be received prior to the start of your season, event, or camp/clinic.
6. Is your organization recognized as tax exempt by the IRS? **Yes** or **No**
 If Yes, please attach a copy of the determination letter to your application.
 If No, your group will be assessed \$150.

A copy of an insurance certificate, naming the Town of Seymour as an additional insured, must be attached to this application.

I, the undersigned, on behalf of the applicant understand that proper supervision and clean up is the responsibility of the person/organization named above and that all the rules and regulations will be obeyed. If any changes occur, or you do not use the allotted request, the Parks Commissioner must be notified and the Parks Commissioner will be responsible to reallocate.

Furthermore, the applicant agrees to hold the Town of Seymour, its agents, servants, and/or employees, harmless for any and all claims which may arise out of the applicant's use of the premises referred to in this application and to defend and indemnify agents, servants, and/or employees, in any claims which may arise out of the applicant's use of the premises referred to in this application.

Signature

Date

(Return completed application to Selectman's Office at Town Hall or mail to Robert Lang, 27 Wood Street, Seymour, Conn. 06483 or email: rclang27@sbcglobal.net)