Soldiers' Monument and Memorial Park Crown Street Town of Winchester, CT

Facility Use Application	
Sponsoring Organization	
Person responsible and representing organization	
Address	
Phone (Day)	(Eve)
Email address	
Date(s) of use (attach schedule if necessary)	
Beginning Time	
Ending Time	
Intended Use	
Certificate of Insurance Received	Police in attendance
Equipment you will be bringing in	
Specific Requests (including use of electricity, water, toilet facilities, etc.)	

Please check area to be used:

- Monument Building
- Park Grounds
- o Lower Field Area

Please be mindful that the Memorial and Park was dedicated to the memory of soldiers who served in the Civil War. Please continue to honor these people and their sacrifices 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 and for the enforcement of all rules contained in the Memorial Park Use Regulations.

The parties using the Soldiers' Monument and Memorial Park 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. Additional expenses incurred and associated with the use of the facilities, as determined by the Soldiers' Monument Commission, may be requested be paid by the group using the facility.

Groups using the Soldiers' Monument and Memorial Park facilities must be supervised by the sponsoring organization. The Soldiers' Monument Commission or its designee reserves the right to judge the adequacy of the supervision. If in their judgment additional personnel should be necessary and assigned, the costs will be borne by the sponsoring group.

As agent for the above named group, I have read and understand the rules and regulations regarding use of the Soldiers' Monument and Memorial Park facilities and I take responsibility for enforcing them while the above named group uses the facilities.

Signature of Representative _____

Date_____

Approved for the Commission by _____

Date

Questions about this application may be directed to:
Soldiers' Monument Commission
Steve Sylvester, Chairman
P.O. Box 322
Winsted, CT 06098
e-mail: commission@soldiersmonumentwinsted.org
Questions may also be directed to:
Town Clerk, Town of Winchester