

DEPARTMENT OF RECREATION AND PARKS  
 Town of Avon, 60 West Main Street, Avon CT 06001  
**APPLICATION FOR USE OF COUNTRYSIDE PARK**  
*(You can fill in this form on your computer, then print)*

Name & Address of Individual or Organization: \_\_\_\_\_

Date or Dates Desired: (List each separately. If application is for a weekly function, please list beginning and ending dates.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Purpose of Use: \_\_\_\_\_ Number of Persons Expected: \_\_\_\_\_

Type of Activities To Be Conducted: (Please be specific, as each activity requires separate approval)  
 \_\_\_\_\_  
 \_\_\_\_\_

Arrival/Set up time: \_\_\_\_\_ Time activity will begin: \_\_\_\_\_

Departure/Clean up time: \_\_\_\_\_ Time activity will end: \_\_\_\_\_

What type of food and/or beverage will you be serving?  
 \_\_\_\_\_

Will you be using the kitchen facility and/or equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Will admission be charged? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where will proceeds go? \_\_\_\_\_

Any person issued a permit shall observe all rules, regulations and ordinances adopted by the Town of Avon. The person to whom a permit is issued shall agree to be liable for any loss, damage or injury sustained by any person or property whatsoever by reason of negligence on the part of a person engaged in the activity being sponsored under the permit and shall agree to hold the Town and any of its agents, servants and employees harmless from any and all losses caused by the permittee or any person engaged in activity being sponsored under the permit.

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Title of Applicant in Organization (if applicable): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**OFFICE USE ONLY**

Special Permit	Yes _____	No _____	
Approved	Yes _____	No _____	TYPE OF PERMIT
Key Needed	Yes _____	No _____	
Certificate of Insurance	Yes _____	No _____	
Reviewed by Town Council	Yes _____	No _____	Director of Recreation & Parks
Approved by Town Council	Yes _____	No _____	

Date: \_\_\_\_\_

Copy: Building & Grounds  
 Site Inspection Required: \_\_\_\_\_

Facility Supervisor: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**APPENDIX A-2  
DEPARTMENT OF RECREATION & PARKS  
AVON, CONNECTICUT  
PUBLIC PLACE CHECKLIST**

Name of Individual or Organization: \_\_\_\_\_

Event Location: Countryside Park                      Reservation Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

User Classification Code:    1            2            3            4

<i>ITEM</i>	<i>DATE REQUIRED</i>	<i>DATE RECEIVED</i>
Hold Harmless Agreement		
Certificate of Insurance		
Copy to User		
Copy to Police Department		
Copy to Buildings & Grounds		
Site Inspection		

	Amount	Date Required	Date Received
User Fee		Due with application	
Cash Bond			
Refund of Cash Bond			

ATTENDANT NEEDED:            Y                      N                      Assigned: \_\_\_\_\_

POLICE SERVICES NEEDED:    Y                      N                      Assigned: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:** Please review the Countryside Park checklist when you arrive at the building. Please fill the form out upon exiting the building and return it to the Recreation Office with your key. You will need to pick up a key the last business day prior to your event for entry into the building.

FILE CLOSED ON: \_\_\_\_\_ BY: \_\_\_\_\_

PRINT