

Parks Commission Use	
Approved _____	
Denied _____	
_____	_____
Signed	Date

Town of Seymour Parks Commission



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 | <input type="checkbox"/> Broad Street Park | <input type="checkbox"/> Seymour Middle School |
| <input type="checkbox"/> Chatfield Park | <input type="checkbox"/> Community Center | |
| <input type="checkbox"/> Chat. Park Pavilion | <input type="checkbox"/> Randall Field | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Bungay School | | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Seymour High School | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> French Mem. Park | | |
| <input type="checkbox"/> Broad St. Park | <input type="checkbox"/> Sponheimer Field | <input type="checkbox"/> Gary Park |
| <input type="checkbox"/> Matthies Field | <input type="checkbox"/> Sub Varsity Field | |
| <input type="checkbox"/> Sochrin's Pond Park | <input type="checkbox"/> Gesek Field | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Sochrin's Park Pavilion | <input type="checkbox"/> Softball Field | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> French Park Tennis Courts | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Pavilion/Playground |
| <input type="checkbox"/> Pawlak Park | | |

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 lowest priority.
- 4.) Proper supervision and cleanup is the responsibility of the permit holder.
- 5.) All Seymour parks close 30 minutes after sundown.
- 6.) Alcoholic beverages are not allowed at any time.
- 7.) All groups using the parks must have adequate insurance and must name the Town of Seymour as an additional insured.
- 8.) In the event of sprinkler malfunctioning, light failure, or other unforeseen circumstance, please call the Seymour Police Department at 203 881-7600.
- 9.) Email address must be on application as confirmation of permits is done by email.
- 10.) If at all possible, one week prior to the start of your season, applicant must send the parks commission the actual usage per field. If not, actual usage document must be sent ASAP.
- 11.) Sanitary facilities will be available from April 1 to October 31.

Fee Schedule*

***All fees are to be paid by check via U.S. Mail no later than the first day of the season, event, or clinic/camp payable to: Seymour Parks Commission, Town Hall, 1 First Street, Seymour, Conn. 06483**

1. Out of town players that play on a Seymour team are assessed a \$20 fee (per player).
2. Out of town teams that use Seymour fields are assessed \$500 per team (not non for profit).
3. Out of town groups using our picnic pavilions are assessed \$200 per group.
4. Clinics/Camps that use Seymour fields are assessed a fee of \$500.
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? Please circle one: Yes or No.
 - If Yes, please attach a copy of the determination letter with your application or a copy of the check payable to the IRS sent with the first page of your 501(c)3 application.
 - If No, your group is assessed a fee of \$500 per team per season for use of Seymour's parks.
7. DeBarber Field fee is \$4,000.00 per event.

A copy of an insurance certificate, naming the Town of Seymour as an additional insured, must be attached to this application with the minimum of \$1,000,000.00 payable to the Town of Seymour.

I, the undersigned, on behalf of the applicant understand that proper supervision and cleanup 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 Seymour Parks Commission, Town Hall, 1 First St., Seymour, CT 06483. Events that require involvement of Emergency Services must also submit Special Events Permit.



Town of Seymour, Connecticut Special Events Permit

Applicant Name: _____ **Event Dates(s):** _____
Organization: _____ **Rain Date(s):** _____
Address: _____ **Event Time:** _____
Phone: _____ **Set Up Dates:** _____
Email: _____ **Break Down Days:** _____
Event Name: _____ **Estimated Attendance:** _____

Event Type:

- Road Race Concert Parade Vendor Fair
 Carnival Other: _____

Event will include:

- Vendors Food Services Rides Alcohol
 Propane Tanks Amplified Sound Cooking Tents

Form must be submitted to Town at least 60 days ahead of event. You may be required to give a site plan detailing the layout of the event and meet with municipal departments to ensure compliance.

The applicant hereby agrees to conform to the ordinances and regulation of the Boards, agencies, and Departments of the Town of Seymour and to hold said town harmless from any claim for any injury, damage or loss to persons or property which may arise in any manner by reason of such event and furthermore to restore property affected by the event to the condition that existed prior to the event. As witness whereof, the applicant has signed his name to this application.

Signature: _____ **Printed Name, Title:** _____

For Official Use Only:

- Road Closures Firefighter Standby Private Duty Needed
 Garbage/Sanitation Deposit Insurance Required: _____

Official	Signature
Seymour Ambulance	
Police Department	
Fire Department	
Emergency Management	
Fire Marshal	
Health District	
Parks Commission	
Community Services	
Operations	
First Selectman	