



Essex Park and Recreation

Park and Recreation Facility Reservation Form

Name of Requestor: _____

Address: _____

Telephone: () -

Email Address: _____

Sponsor Organization: _____

Sponsor Address: _____

Facility Requested: _____

Date of Event/Function: _____

Time of Event/Function: _____ to _____
Parks/Fields Closed at Sunset

Estimated Number of Attendees: _____

Description of the Event/Function for which the facility usage is requested

As the sponsor's representative, I understand and shall personally ensure full adherence to the attached park facilities reservation policies & guidelines; established by the Park and Recreation Commission. We also understand that if event trash is not removed, and/or park not fully cleaned up and restored, that our security deposit will be forfeited.

Signature of Person Responsible: _____

(printed name)

Please return form to:
29 West Avenue – Essex, CT 06426
(860) 767-4340