

**WEST HAVEN CITY PARK
SCHEDULED ARENA USE APPLICATION
CONTACT BROCK RANDALL @ 731-8882**

DATE: _____

ORGANIZATION: _____

AFFILIATION: _____

DAY/TIME PERIOD REQUESTED: _____

PREVIOUS TIME/DAY: _____

OFFICERS/LEADERS: position name address phone

NUMBER OF MEMBERS: _____

INTENDED USE: _____

STOCK USE/TYPE: _____

COMMENTS:

The users accept liability for any damage to the facilities, and also accept full responsibility for any injury or damage to themselves, stock or equipment. Please do not litter.

SIGNATURE OF REPRESENTATIVE: _____

Annual Charge: \$ _____

Date paid: _____

Approved by: _____

Date: _____