

Requested Event Date \_\_\_\_\_.

**Fairfield Hills Campus Use Application - Special Events**

**Town of Newtown, Fairfield Hills Authority**

**3 Primrose Street**

**Newtown, CT 06470**

**Attention: Christal Prezler**

**Phone (203) 270-4282 Fax (203) 270-4278 Email: christal.prezler@newtown-ct.gov**

This application must be filed a minimum of thirty (30) working days prior to the date of the event.

The completed application form will be reviewed and upon approval of the request, the applicant will be contacted in writing with formal approval for the event to take place.

Date of Application \_\_\_\_\_ Non-Profit Tax Exempt Number \_\_\_\_\_

(A copy of your organization's tax-exempt certificate must be provided with application)

Name of Organization \_\_\_\_\_

Type of Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Website of organization or event \_\_\_\_\_

Name and Address of Applicant/Supervisor of activity \_\_\_\_\_

Phone number of Applicant/Supervisor of activity \_\_\_\_\_ (home) \_\_\_\_\_ (other)

Email address of Applicant /Supervisor of activity \_\_\_\_\_

Specific Date(s) when site is required \_\_\_\_\_

Location where activity will be held \_\_\_\_\_

(please note on campus map)

Hours of use: From: \_\_\_\_\_ (AM/PM) to: \_\_\_\_\_ (AM/PM) (must include set up time)

Estimated number of attendees \_\_\_\_\_ youth \_\_\_\_\_ adults

Nature of activity \_\_\_\_\_

Are you requesting a donation or charging a fee or admission? Yes / no Amount \$ \_\_\_\_\_

How will proceeds be used? \_\_\_\_\_

Insurance information provided yes / no (certificate of insurance must be on file 14 days prior to event date)

Is event open to the general public? yes/no

Do you request permission to serve food? yes / no

Do you request permission to serve alcohol? (special permit required) yes / no

Do you plan on posting signs? yes / no locations: \_\_\_\_\_

Will tents be set up? yes / no size of tents: \_\_\_\_\_ square feet total.

Application Page 2

