



# TOWN OF BETHANY RESERVATION FORM

Town Hall - 40 Peck Road  
Bethany, CT 06524  
203-393-2100 ext. 2101  
reservations@bethanyct.gov

## Youth Sports Field Form (Seasonal) Preschool - 8<sup>th</sup> Grade Only

Date: \_\_\_\_\_ Length of Season: \_\_\_\_\_

### Season



Spring

Day(s) of week: \_\_\_\_\_



Summer

Usage times: \_\_\_\_\_ — \_\_\_\_\_



Fall

Sport(s): \_\_\_\_\_ Approximate # of players: \_\_\_\_\_

### Organization Class:



Non-Profit



For-Profit

### Location:



Cofrancesco-Hoppe  
Field (Baseball)



Bethany Airport



BCS Upper Field



Cofrancesco-Hoppe  
Field (Softball)



Veteran's Memorial  
Park Field

### Contact Details

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address/City/Zip Code: \_\_\_\_\_

### Payment Details

### \$50 Non-Refundable Application Fee to Reserve Dates + Fields Cost Below

| Location                                   | Non-Profit | For-Profit |
|--------------------------------------------|------------|------------|
| Bethany Airport (Event)                    | \$100      | \$250      |
| Bethany Airport (Horse Rings)              | \$100      | \$250      |
| Cofrancesco-Hoppe Field<br>(Baseball Side) | \$100      | \$250      |
| Cofrancesco-Hoppe Field<br>(Softball Side) | \$100      | \$250      |
| BCS Upper Field                            | \$100      | \$250      |
| Veteran's Memorial Park Field              | \$100      | \$250      |



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Payment method:



Check



Cash



Online

Pay online at <https://www.websterpaymentlink.com/ebpp/bethanyparks/>

**No Refunds for \$50 Reservation Fee**

**See Refund Policy in "Bethany Rental Policies and Procedure"**

**\*A CERTIFICATE OF INSURANCE IS REQUIRED TO RENT ANY TOWN FACILITY\***

Town's insurance here: <https://gatherguard.com/>

I/we (coaches/organization) will ensure that all trash and debris generated during use is removed and the field is left in clean condition. I/we understand that failure to properly clean the area may result in cleaning fees and loss of future field use privileges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Approving town agent

*Please see "Facility Use & Rental Policy" for any further questions.*

## Office Use:

Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_  
First Selectman Approval  
(If Necessary)



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## 1. Logistics

Setup Start Date: \_\_\_\_\_ Setup Start Time: \_\_\_\_\_

Teardown/Site Clear

(Date & Time): \_\_\_\_\_ # of Days Needed for Setup: \_\_\_\_\_

Will vehicles or heavy equipment be on the grounds?

|     |                          |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
| NO  | <input type="checkbox"/> |

Will there be ground penetrations (stakes, anchors, drilling)?

|     |                          |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
| NO  | <input type="checkbox"/> |

Describe all set up activities in detail: \_\_\_\_\_

*Include: painting/chalking lines, placing cones or barriers, staking tents, hanging signage, staging A/V or electrical equipment, etc.*

| Who/What                 | Arrival | Departure | Notes |
|--------------------------|---------|-----------|-------|
| Event organizer/Staff    |         |           |       |
| Volunteers               |         |           |       |
| Visitors/Public open     |         |           |       |
| Vendors/Exhibitors       |         |           |       |
| Food & Beverage Vendors  |         |           |       |
| Deliveries               |         |           |       |
| Entertainment/Performers |         |           |       |
| Event ends/Public closes |         |           |       |



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## 2. Food & Beverage

QVHD Requirement: Any entity serving or selling food/beverages must hold a valid Quinnipiac Valley Health District (QVHD) permit. A copy must be provided to the Town before the event.

*Per the State of Connecticut Fire Safety code and the State of Connecticut Fire Prevention Code, **all mobile food preparation trucks, trailers, stands, and tents shall be inspected by the local Fire Marshal's Office.***

*To arrange an inspection, contact the Office of the Fire Marshal.*

**Email: [firemarshal@bethanyct.gov](mailto:firemarshal@bethanyct.gov)**

**Phone 203-393-2100 ext. 1119 or 203-509-6828**

Will food or beverages be served or sold at this event?

|     |                          |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
| NO  | <input type="checkbox"/> |

How will food or beverages be provided?

|                                            |                                        |
|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Catered/Delivered | <input type="checkbox"/> Food Truck(s) |
|--------------------------------------------|----------------------------------------|

Type of Service: ☐ Free to attendees ☐ Sold/Ticketed ☐ Alcohol included

QVHD Permit Holder Name(s)

QVHD Permit Number(s)

\_\_\_\_\_

\_\_\_\_\_

## 3. Event Extras & Amenities

**Restrooms/Sanitation (Check all that apply)**

|                                                      |                                                        |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Existing Facility Restrooms | <input type="checkbox"/> ADA-Accessible Portable Units |
| <input type="checkbox"/> Portable Toilets            | <input type="checkbox"/> Handwash Stations             |

Portable unit vendor name & # of units (if renting): \_\_\_\_\_



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## Garbage & Recycling

|                                                        |                                          |
|--------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Town receptacles used         | <input type="checkbox"/> Dumpster rental |
| <input type="checkbox"/> Organizer supplied containers | <input type="checkbox"/> Private hauler  |

Hauler name & scheduled pickup time (if applicable): \_\_\_\_\_

## Safety & Security Personnel

|                                                |                                                |                                       |
|------------------------------------------------|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Off-duty police       | <input type="checkbox"/> EMT/First Aid Station | <input type="checkbox"/> None planned |
| <input type="checkbox"/> Private security firm | <input type="checkbox"/> Event safety marshal  |                                       |

Agency/Company Name & # of Personnel: \_\_\_\_\_

## Structures & Infrastructure (check all that apply)

|                                            |                                                 |                                             |                                                 |
|--------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Tents/Canopies    | <input type="checkbox"/> Bleachers/Seating      | <input type="checkbox"/> Temporary Lighting | <input type="checkbox"/> PA/Sound System        |
| <input type="checkbox"/> Stage or Platform | <input type="checkbox"/> Fencing/Crowd Barriers | <input type="checkbox"/> Generator(s)       | <input type="checkbox"/> Audio/Visual Equipment |

## Parking & Traffic

|                                                    |                                                            |                                          |
|----------------------------------------------------|------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> On-site parking used      | <input type="checkbox"/> Traffic cones/Directional Signage | <input type="checkbox"/> Shuttle Service |
| <input type="checkbox"/> Overflow/Off-site parking | <input type="checkbox"/> Road Closure required             |                                          |

Describe any road or lot access needs: \_\_\_\_\_



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## Other Extras

|                                             |                                                 |                                                   |
|---------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Inflateables/Rides | <input type="checkbox"/> Fireworks/Pyrotechnics | <input type="checkbox"/> Alcohol Service          |
| <input type="checkbox"/> Live Animals       | <input type="checkbox"/> Amplified Music/DJ     | <input type="checkbox"/> Photography or Film Crew |

Describe anything not covered above (special access, noise concerns, coordination with town departments, etc.):

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## AIRPORT

If the Horse Ring(s) are used, it needs to be cleaned and dragged after use.

## \*A CERTIFICATE OF INSURANCE IS REQUIRED TO RENT ANY TOWN FACILITY\*

Certificate of Insurance on file? ☐ Yes - Attached ☐ Will submit by: \_\_\_\_\_

By signing below, I certify all information is accurate and complete. I agree to clean and remove all trash and personal property after the event, and to comply with all applicable town ordinances, health regulations, and permit requirements. A Certificate of Insurance is required to rent any town facility.

Signature of event organizer

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Printed name & date

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Approving town agent