

WINCHESTER RECREATION DEPARTMENT

Town of Winchester, MA

263 Main St, 01890

781.721.7125 www.winrec.com



NEW PROGRAM APPLICATION

Today's Date: _____

Name: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Are you currently set up as a Business, LLC or DBA? Yes _____ No _____

If answered "yes" to above, please complete A & B below, if "no" skip.

A. Do you currently have proof of basic liability insurance: Yes _____ No _____

B. Do you currently have workers compensation insurance: Yes _____ No _____

Season Interested In: 1. Winter _____ 2. Spring _____ 3. Summer _____ 4. Fall _____

Name of Program: _____

Targeted Audience (pre-school, youth, teens, adults seniors etc.) _____

Location Requested (classroom, gym, kitchen, field, park etc.) _____

Description of Program:

All new program applications should be addressed to Jim Sullivan, jsullivan@winchester.us

Program proposals will be reviewed by Recreation Department Staff in a timely fashion and will respond to applicants directly with any additional questions and/or a decision on offering the program. Please note that the amount of program additions per season are limited based on budgetary constraints. Thank you for sharing your idea with us!