

Winchester Recreation Department
263 Main Street
Winchester, MA 01890-3397

MYSTIC GYM USE FORM

Date: ___ / ___ / ___

Contact Name: _____

E-mail: _____

Organization Name (If applicable): _____

Is your organization a Youth or Adult

Address: _____

Telephone: _____

Purpose of use/Sport: _____

Days & Dates Requested: _____

Times requested: _____

Approximate number of cars that would be using parking spaces, per use. _____

Approximate number of people in attendance during each use. _____

SIGNATURE OF CONTACT PERSON: _____ **Date** _____

*Please attach COVID-19 social distancing plan and professional liability insurance with the Town of Winchester listed as an additional insured if an organization.
For individual use, all parties must sign waiver form.*

Please note: Approved space rentals will require a signed contract prior to the rental beginning.

Email form to James Sullivan: Jsullivan@winchester.us