



Carousel Pavilion at Lighthouse Point Park Facility Reservation Agreement

Renter information

Renter name: _____

Organization (If Applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: Home: _____ Business: _____ Cell: _____

Email address: _____

Event information

Day of event: _____ Anticipated number of guests: _____

Date of event: _____ Type of event (wedding, etc.): _____

Estimated times of rental:

Set up: _____ Event Beginning: _____ Event Ending*: _____

*clean up time will be estimated by the event coordinator as the details of your event unfold.

If this is a wedding event, are you planning on being married in Lighthouse Park? Yes _____ No _____

If so, where? _____

If you are using a caterer and know that contact information now, please provide it:

Deposit

Please return this completed form with a non-refundable deposit of \$500.00 to secure the date for your event. Please make checks or money orders payable to "Treasurer, City of New Haven" and send to:
The New Haven Department of Parks, Recreation and Trees
180 Park Road, Hamden, CT 06517.
Attention: Sabrina Bruno, Events Coordinator.

If you have any questions, please contact Sabrina at 946-8327 or email her at sbruno@newhavenct.net.