

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:

Please mail application to cellison@winchester.us. All new program applications will be reviewed by the Recreation Department staff. The Recreation Department will reach out to you directly with any additional questions they may have. Thank you for sharing your idea with us!