

HEWITT FARM PROJECT APPLICATION

1. Project Leader's Name _____ Title _____

Contact Name (if a different person) _____

Tel # _____ Cell # _____ Email _____

Address _____

2. Name & Description of Project

3. How will this project benefit Hewitt Farm?

4. Anticipated start & finish dates _____

5. Estimated # of Project participants _____

6. Please provide the name(s) and contact information for any others who are project supervisors:

7. What help will you need from the Hewitt Farm Committee?

8. Please provide a copy of your group's Insurance Coverage.

Please forward this application to the

Hewitt Farm Committee, Town Hall, 40 Main St., North Stonington, CT 06359.

For questions, contact Nita Kincaid (phone 860-235-1565 or email windstonenita@sbcglobal.net)

Will this activity be publicized? _____ Yes _____ No