



MONTGOMERY TOWNSHIP RECREATION DEPARTMENT
 356 Skillman Road, Skillman NJ 08558 609-466-3023
PARKS FACILITY REQUEST FORM

Name of Person in Charge: _____
 Address: _____ City: _____ Zip: _____
 Telephone: Home () _____ Mobile () _____
 Organization Name: _____ Group Size: _____
 Email: _____ Purpose: _____
 Date(s): _____ Time(s): _____
 Will you be having any vendors at your event? Yes _____ No _____
 If yes, vendor(s) must comply with Montgomery Township insurance requirements prior to permit approval.

ARBORETUM PARK CIRCLE ONE: SOCCER LACROSSE FIELD(S): () #1 () #2

BESSIE GROVER () PICNIC AREA

BROADWAY () CRICKET FIELD

HOBLER PARK () PICNIC AREA

LUBAS FIELD () LIGHTS () WITHOUT LIGHTS

MILL POND () PICNIC PAVILION AREA
 SOCCER FIELDS () #1 () #2 () #3 () #4 () #5 () #6 () #7

MONTGOMERY VETERANS PARK () PICNIC/PAVILION AREA
 SOFTBALL: () #1-LOWER () #2-MIDDLE () #3-UPPER
 SOCCER: () #1-LOWER () #2-UPPER
 BASKETBALL: () COURT #1 () COURT #2
 () LIGHTS () WITHOUT LIGHTS

VAN HORNE PARK () PICNIC PAVILION AREA
 SOFTBALL: () #1-NEAR () #2-FAR
 MULTIPURPOSE: () #1-NEAR () #2 FAR
 BASKETBALL: () COURT #1 () COURT #2

WOODSEGE PARK () PICNIC AREA () VOLLEYBALL COURT
 BASKETBALL: () COURT #1 () COURT #2
 TENNIS COURTS: () COURT #1 () COURT #2

OTHER AREAS AND/OR FACILITY _____

WILL FOOD/BEVERAGES BE SERVED/SOLD? _____ WILL AN ADMISSION/ENTRY FEE BE CHARGED? _____

If the application is approved, the _____ (organization/individual) will assume responsibility for any damage thereto or loss of property that may occur, and for the due observance of all rules and regulations of the Township governing use of such areas and/or facilities. I agree to provide insurance and proof thereof in accordance with the Township's requirements. I further agree to leave all areas and facilities in a clean and safe manner. I have been provided with and understand the appropriate ordinance/policy regarding my use of the facilities/areas requested. I further understand that I may incur charges through my use of the facilities/areas requested. I understand that approval of this application will be withheld until proof of other authorized permits associated with this use, as deemed appropriate by the Township, are presented to the Recreation Department, and I assume all responsibility in securing such permits.

NO ALCOHOLIC BEVERAGES ARE PERMITTED

APPLICANT SIGNATURE _____ DATE _____

APPROVED _____ DATE _____

Recreation Director

INSURANCE RECEIVED _____

FACILITY AIDE REQUIRED YES/NO

CONCESSION STAND _____

DATES @ \$100.00 TOTAL \$ _____

COMMENTS _____

DENIED: _____ DATE: _____ REASON: _____

Copy sent to Parks and Police _____

Date

Initial