



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 \_\_\_\_\_