

Barnegat Township Recreation Community Center Use Application

Date of Application: _____

REMINDER: Applicant's must use the key pad on the side of the building to gain access to the building. Call Jeanne 609-548-6319 or email jbroadbent@barnegat.net to obtain the CODE to the LOCK BOX.

Name of Organization: _____

Contact Person Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Will you be responsible for the building on the day of your Event? _____

If not, who will be in attendance and responsible? _____

Date requested: _____ Time: _____ to _____
(Allow time to set-up and clean-up in your request)

Community Center Room Requested

Room A _____ Room B (Kitchen side) _____ Kitchen _____

of tables needed _____ # of chairs needed _____

Description of your event: _____

Is this a fundraising event? YES____ NO____

If needed, are your permits in order? _____ Do you have non profit status? _____

We require a copy of all publicity materials released to the public _____

Total Participants: _____ Max number of participants is 275 as per fire code in Community Center.

Age of Participants: _____ the child/ adult ratio is 15:1, 1 adult chaperone per 15 children.

Insurance Certificate on File: _____ New Application with Insurance attached: _____

All applicants must have liability insurance in the amount of \$1,000,000 and provide a copy of the certificate on which Barnegat Township is named as the Certificate Holder.

As a representative of the organization applying, the undersigned agrees to the use of Barnegat Township Facilities in accordance with all the rules and regulations and policies provided by Barnegat Township. The undersigned, acting for and on behalf of the organization does hereby certify that A) he/she has the authority to act on behalf of said organization, B) that said organization does hereby agree to indemnify, defend and hold harmless the Township of Barnegat, its employees or volunteers in the event of accident or injury while utilizing Township Facilities.

Date: _____ Name of Applicant: _____

Organization: _____

Signature of Applicant: _____



To be completed and signed by a Township Official

Date: _____ Township Official: _____

Approved: _____ Denied: _____

Reason: _____

*Security deposit required: _____ amount: _____

* Security deposits will be refunded when it has been deemed that the facility was left in satisfactory condition. If the facility was left in unsatisfactory condition, the Township will refund only that portion not used to return the facility to satisfactory condition. Leaving the facilities in unsatisfactory condition will jeopardize future use by your organization.

*We require a Township Employee on site: Yes ___ No ___
(salaries for required personnel, at the rate of \$15 per hour, are the responsibility of the booking organization)

**We require a Police Officer on site: Yes ___ No ___
(salaries for required Police Officers, at the officer's current rate of pay, are the responsibility of the booking organization)