



FACILITY APPLICATION/USER PERMIT FORM

Phone
732-329-4000
Ext. 7301
Fax
732-329-0627

INSTRUCTIONS:

1. Application should be filed no less than 30 days for special or large events
2. There will be no reservations taken over the phone.
3. Application must be signed and all information must be complete before date(s) are Considered.

PLEASE PRINT:

Today's Date: _____

Organization: _____

Address: _____

Person in Charge: _____

Phone Number: (Home) _____ (Work) _____

Fax Number: _____

EVENT:

Type of Event: _____ Date's _____

Starting Time; _____ Ending Time _____

Number of People Attending: _____

INSURANCE:

HOLD HARMLESS STATEMENT IS REQUIRED FOR ALL EVENTS INDEMNIFYING SOUTH BRUNSWICK TOWNSHIP. A CERTIFICATE OF INSURANCE IS REQUIRED WHEN THERE IS PARTICIPANTS OVER FIFTY.

I/WE _____ INDEMNIFY AND HOLD HARMLESS THE TOWNSHIP OF SOUTH BRUNSWICK AND ASSEME THE RISKS OF ALL CONDITIONS EXISTING IN THE AREA COVERED BY THIS PERMIT, AND SHALL ASSUME LIABILITY FOR LOSS, DAMAGE OR INJURY SUSTAINED BY ANY PERSON WHATSOEVER BY REASON OF NEGILGENCE OF THE ORGANIZATION, ITS AGENTS, SERVANTS, EMPLOYEES AND VOLUNTEERS AND AGREE THAT THE USE OF SAID PREMISES IDENTIFIED ABOVE SHALL BE USED EXCLUSIVELY FOR THE SOLE PURPOSE STATED ABOVE.

ORGANIZATION

SIGNATURE

FACILITY ROOM APPROVED: _____

DATE OF EVENT: _____

DATE

Bernard P. Hvozdovic, Township Manager

SPECIAL INSTRUCTIONS: FOOD AND DRINK ARE NOT ALLOWED IN ANY OF THE ROOMS. YOU MUST LEAVE THE ROOMS CLEAN. IF YOU REARRANGE THE FURNITURE, YOU MUST RETURN IT BACK THE ORIGINAL SET UP. YOU MUST TURN OUT THE LIGHTS AND ALL WINDOWS MUST BE CLOSED BEFORE LEAVING. THANK YOU FOR YOUR ANTICIPATED COOPERATION.

Return Completed Form to Donna Busacco – dbusacco@sbtnj.net