

**APPLICATION FOR USE OF FACILITIES
WINSLOW TOWNSHIP RECREATION DEPARTMENT**

Name of Organization or Individual: _____

Address: _____

Name and Location of Facility Requested: _____

Dates and Times Requested: _____

Purpose: _____

Number of People Attending: _____

Name of Insurance Carrier and Policy Number _____

A CERTIFICATE OF LIABILITY INSURANCE NAMING 'WINSLOW TOWNSHIP' CERTIFICATE HOLDER - Must be included with this Application

TENTS are **PROHIBITED** on all fields unless written permission is given by the Superintendent of Parks

Name and Address of Person Assuming Responsibility for Facility:

Telephone # (in event of schedule conflict): _____

The applicant should inspect the facility requested at time of application and note below any deficiencies at the facility, including any Township owned items which may be in storage, such as tables.

Item Requested: _____ Quantity: _____

You will receive written notification if this application is approved. Submission of this form does not imply that the facility requested may be used. **This form must be received at least 20 days prior to dates requested.**

Please return the completed Application and Insurance Certificate to:

Winslow Township Municipal Building
Att: Municipal Clerk's Office
Winslow Township, NJ 08037-9422

cc: Parks Department
Parks Director