

MIDDLESEX TOWNSHIP PARKS & RECREATION

2021 FIELD USAGE REQUEST

Organization Name _____

Leader's Name _____

Phone _____

Email _____

Team Name _____

Participant Ages _____

Coach's Name _____

Phone _____

Email _____

Ages of Participants _____

Number of Participants that are Middlesex Township Residents _____

FIELD NUMBER REQUESTED _____

DATE RANGE REQUESTED *(For example: April 1-June 30, 2021)*

DAYS of the WEEK REQUESTED *(For Example: Tuesdays & Thursdays)*

TIME REQUESTED *(For Example: 4-6pm)*

I _____, a representative for
(Print Full Name)

_____, agree to be responsible for any
(Print Company or Association Name)

property damage to the Township Park as a result of our use. In addition, we agree to pay \$100 per season per field with a \$100.00 per field Security Deposit which will be refundable after the scheduled date, in the event there is no damage. I acknowledge that the Township will not be liable for any actions of or injuries to any persons or member that occurs during the use of these facilities. We agree to follow Township's park rules and regulations that are attached to this agreement marked Exhibit A.

Signature of Representative: _____

- A copy of your organization's Certificate of Liability Insurance will be required if approved.

Signature of Approval: _____

Date Approved: _____

Amount Paid: _____

Address to Return \$100 Deposit at conclusion of Field Use for the year:

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OFFICE USE ONLY

Date Received Request _____

Date Received Rental Fee _____

Date Received Deposit _____

Date Deposit Returned _____

Check # _____ Amount _____

Check# _____ Amount _____