

Group / Organization Name: _____
Person(s) Responsible: _____
Phone: _____
E-Mail _____
Mailing Address: _____
Sport Type: _____

EVENT	
DATES	
TIMES	

Boro Park (Doubleday Field)	Botti Park Upper Field (Small)
Boro Park Upper Field (Elliot Field),	Botti Park Lower Field (Small)
Boro Park Lower Field (Lenape Field)	Botti Park Lower (Full)
Boro Park First Responders Turf Field	Franklin Field
Pastime Field	

<u>Age Range?</u>	<u>Fee Charged?</u>	<u>*Non-Profit?</u>	<u>*Alcohol?</u>	<u>Insurance Attached?</u>
	\$	Yes No	Yes No	Yes No

*Please submit an Insurance Certificate at least **THREE WEEKS** before your request date.*

Rutgers Certified? (Y/N)		Background Check Completed? (Y/N)		Fingerprinted? (Y/N)	
Yes	No	Yes	No	Yes	No

SIGNATURE: _____

FACILITY REQUESTOR

DATE

APPROVED: _____

RECREATION DIRECTOR

DATE

***APPROVED:** _____

Borough Council (if applicable*)

DATE