

BOROUGH OF MENDHAM - PARKS AND RECREATION

INDOOR FACILITY REQUEST FORM

Group / Organization Name: _____

Person(s) Responsible: _____

Phone: Day _____ **Evening** _____ **Cell #** _____

E-Mail _____

Mailing Address: _____

EVENT	
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DATES	
TIMES	

LOCATION REQUESTED (1-first preference, 2-second preference):

Garabrant Center	Carriage House

APPROXIMATE # OF PARTICIPANTS: _____ **BORO %:** _____

Age Range?	Fee Charged?	*Non-Profit?	*Alcohol?	Insurance Attached?
	\$	circle: yes no	circle: yes no	circle: yes no

ATTACH CURRENT INSURANCE CERTIFICATE.

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

ALL OFFICIALS/COACHES/TRAINERS/COUNSELORS:

Rutgers Certified?	Background Check Completed?	Fingerprinted?
circle: yes no	circle: yes no	circle: yes no

On behalf of the organization listed above, we agree to abide by the Mendham Borough rules and regulations.

SIGNATURE: _____
FACILITY REQUESTOR

DATE

APPROVED: _____
RECREATION DIRECTOR

DATE

***APPROVED:** _____
Borough Council (if applicable*)

DATE

*For office use: _____ insurance certificate not applicable
cc: Department of Public Works*