**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** |  |

|  |  |
| --- | --- |
| **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*