



COMMUNITY CENTER USE OF FACILITIES REQUEST APPLICATION

THIS FACILITY REQUEST APPLICATION MUST BE SUBMITTED WITH THE APPLICATION FEE. A SIGNED ORIGINAL IS REQUIRED FOR PROCESSING. PLEASE COMPLETE ALL ITEMS BELOW. INCOMPLETE REQUESTS WILL BE RETURNED WITHOUT CONFIRMATION.

TODAY'S DATE: _____

FACILITY / DATE INFORMATION

Room (CIRCLE ONE): MEETING ROOM MULTIPURPOSE ROOM WITH KITCHEN MULTIPURPOSE ROOM WITHOUT KITCHEN

DATE: _____	DAY OF WEEK: _____	TIME: _____
DATE: _____	DAY OF WEEK: _____	TIME: _____
DATE: _____	DAY OF WEEK: _____	TIME: _____
DATE: _____	DAY OF WEEK: _____	TIME: _____
DATE: _____	DAY OF WEEK: _____	TIME: _____
DATE: _____	DAY OF WEEK: _____	TIME: _____

NOTE: Time must include all time needed for decorating/set up, "main event" and clean up.

ORGANIZATION / COMPANY EVENT INFORMATION

Name of Organization/Company: _____

Contact Person: _____ Title: _____

Alternate Contact Person: _____ Title: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone Number: _____ ext. _____ Fax: _____

email: _____ Non-profit Tax ID#: _____

NOTE: IF CLAIMING NON-PROFIT STATUS, PLEASE ATTACH APPROPRIATE DOCUMENTATION FOR VERIFICATION PURPOSES.

EVENT INFORMATION

Type of Event: _____ (ie: Meeting, seminar, banquet, etc.)

Brief description of use and all activities: _____

Name(s) of Responsible Individuals that will be on premises: _____

Estimated Attendance: Adults: _____ Children: _____ Number of Tables Needed: _____ Chairs: _____

Fee/ Admission / Donation Charged: **Yes No** Amount Charged: _____ Food Sold: **Yes No** Food Served: **Yes No**

If food is served/sold is it part of a ticket/fee charged **Yes No** Food Catered: **Yes No**

Music to be Played: **Yes No** Amplified: **Yes No** DJ/Band: **Yes No**

Monies raised from event will be used for:

CONDITIONS OF APPROVAL:



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ALL ITEMS BELOW MUST BE INITIALED PRIOR TO REQUEST BEING CONSIDERED

I have read the Egg Harbor Township Rules and Regulations for the facility(ies) I have requested, and agree to, and will abide by these rules and regulations before, during and after the event.	initial: _____
I understand that in an emergency or for reasons beyond the control of Egg Harbor Township, Egg Harbor Township reserves the right to cancel any scheduled event prior to scheduled use without liability. A full refund will be granted in the event the reservation is cancelled by Egg Harbor Township.	initial: _____
I understand that any cancellations or changes to this application, once approved, must be done in writing to the Recreation Department, by the person who signed the contract.	initial: _____
I understand that the application fee is non-refundable once the reservation request has been approved and a permit has been issued. I further understand that cancellation requests received at least 45 calendar days prior to the event date will be refunded half of the paid rental fee. For cancellations made less than 45 calendar days of the event, only the Damage/Compliance portion of the rental fees will be refunded.	initial: _____
I understand that I shall be liable for any and all costs for services already performed that are associated with this request, including reasonable attorney/legal fees, if necessary.	initial: _____
I understand that there is a liability insurance requirement for this rental, and must be provided at least 10 calendar days prior to my event date.	initial: _____
I understand that the total rental fee for the Multi-Purpose Room or Conference Room is due and payable at the facility rental meeting.	initial: _____

I certify that the information above is accurate and correct. I have read the rules and regulations pertaining to the use of the Community Center and will (1) be responsible for all injuries caused by such use, (2) adhere to the rental hours agreed to through the signed contract and (3) reimburse Egg Harbor Township for any loss or damage to Egg Harbor Township equipment/property caused by such use. In consideration of participation as specified at the location requested, for the date(s) and time(s) requested, I do hereby release and hold harmless Egg Harbor Township from any and all liability or claims or damage or injury to person or property of the undersigned due to user's use of said facility(ies), by reason of any act or omission by Egg Harbor Township or any of its officers, agents or employees or the condition of its property.

 Print Name of Responsible Person

 Signature of Responsible Person Date

FOR EHT PERSONNEL USE ONLY

Application Fee: _____
Rental Fee: _____
Damage/Compliance Fee: _____
Less Deposit _____
Est. Balance Due: _____
Payment Method:
 Cash Check # _____

Date: _____ **Initials:** _____

Payment Amount: _____
Payment Method:
 Cash Check # _____

Date: _____ **Initials:** _____

Liability Insurance Policy : _____

Date Denied: _____
 Date Approved: _____
 Permit #: _____



EGG HARBOR TOWNSHIP
DEPARTMENT OF PARKS AND RECREATION
5045 English Creek Avenue
Egg Harbor Township, NJ 08234

ROOM SET-UP DIAGRAM

Organization: _____ Event Date: _____

Scheduled Hours: _____ Room Reserved: Multipurpose Room Meeting Room

Blank area for drawing the room set-up diagram.

Attention: This room set-up is for the staff to understand the event layout and make any helpful suggestions if necessary.

Equipment Needed:

_____ 8 foot tables (Limited to the number on hand)

_____ Chairs (Limited to the number on hand)



FACILITY OPENING AND CLOSING CHECK-LIST

Organization: _____ Event Date: _____

Room Reserved: Multipurpose Room Multipurpose Room with Kitchen Meeting Room

Start Time: _____ End Time: _____

Arrival Time: _____ Departure Time: _____

OPENING CHECK-LIST

MEETING ROOM

- Staff was on time
- Room was clean and ready for use
- Any concerns or existing damage was reported to the staff person.
- Other:

MULTIPURPOSE ROOM

- Staff was on time
- Room was clean and ready for use
- Restrooms and kitchen clean and ready for use
- Any concerns or existing damage was reported to the staff person.
- Other:

CLOSING CHECK-LIST (Check all that apply; if box is not checked, list reason under comments)

MEETING ROOM

- Entire group out at scheduled time
- Garbage and recyclables are removed from building
- All equipment removed
- All containers and/or paper picked up from the floor
- No breakage, graffiti, or damage to premises, furniture or equipment
- No excessive cleaning by township staff required
- Comments:

MULTIPURPOSE ROOM

- Entire group out at scheduled time
- Sinks, stoves and counters are wiped down
- Garbage and recyclables are removed from building
- Restrooms in an orderly fashion
- All decorations/equipment removed
- All containers and/or paper picked up from the floor
- No breakage, graffiti, or damage to premises, furniture or equipment
- No excessive cleaning by township staff required
- Comments:

EMPLOYEE SIGNATURE: _____ DATE: _____

RENTER SIGNATURE: _____ DATE: _____

Signed form to be returned to Recreation Department after the event is completed