HAINESPORT TOWNSHIP
One Hainesport Centre
PO Box 477
Hainesport, NJ 08036

(609) 267-2730 ext 107
Fax: (609) 267-0806

Hainesport Township Facilities Use Application

1. Individual/Group Name: _____

2. Address: _____

3. Contact person: _____ Phone: _____

4. Size of Group Participating: _____

5. Area Requested (check):

____ Municipal Building	____ Marne Hwy Baseball Field	___ Marne Hwy Hockey Rink
____ Street Community Center	____ Marne Hwy Softball Field	___ Hainesport Chase Field
____ Marne Highway Gazebo	____ Marne Hwy Soccer Field	___ Concession Stand
____ Chase Basketball Ct	____ Other _____	

***Note: Water for the Restrooms/Concession stand will be available from April 1-Dec 1 (weather permitting)**

6. Dates/Days/Time: _____

7. This reservation is made for (check):
___ Personal Use (Family picnic, reunion, etc) ___ Corporate Use (Company picnic, retirement, etc)
___ Other (Youth Group, Religious Group, etc)

8. Are there any paid staff/coaches in this group/organization? Yes or No (please circle one)
Fees charged, if any _____ Intended Use of Proceeds _____

NOTE:** *IF THIS RESERVATION IS BEING MADE FOR A USE OTHER THAN PERSONAL, A* ***CERTIFICATE OF INSURANCE *NAMING HAINESPORT TOWNSHIP AS* ***"ADDITIONAL INSURED"*** *IS REQUIRED AND MUST BE PROVIDED.*

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I CERTIFY THAT THE INFORMATION AS STATED ABOVE IS ACCURATE AND FACTUAL. ANY MISREPRESENTATION COULD CAUSE THE REVOCATION OF THIS APPLICATION WITH NO REIMBURSEMENT FOR ANY FEE PAID.

I HAVE BEEN PROVIDED WITH AND UNDERSTAND THE "RULES AND REGULATIONS" GOVERNING THE USE OF HAINESPORT TOWNSHIP RECREATION AREAS AND FACILITIES. I FURTHER UNDERSTAND THAT EITHER I OR MY GROUP IS RESPONSIBLE FOR ANY ATTRIBUTABLE DAMAGES CAUSED BY OUR USE OF THIS FACILITY.

_____ _____ _____
Signature of Applicant *Date* *Telephone*

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Official Use Only:

Request approved by: _____ _____
Administrator's Office *Date*

Request denied by: _____ _____
Administrator's Office *Date*

Reason: _____