

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):

<input type="checkbox"/> Municipal Building	<input type="checkbox"/> Marne Hwy Baseball Field	<input type="checkbox"/> Marne Hwy Hockey Rink
<input type="checkbox"/> Street Community Center	<input type="checkbox"/> Marne Hwy Softball Field	<input type="checkbox"/> Hainesport Chase Field
<input type="checkbox"/> Marne Highway Gazebo	<input type="checkbox"/> Marne Hwy Soccer Field	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Chase Basketball Ct	<input type="checkbox"/> 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.**

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

Official Use Only:

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

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

Reason: _____

P.O. Box 477
1401 Marne Highway
Hainesport, New Jersey 08036



Phone (609) 267-2730
Fax (609) 261-4762

To the fullest extent permitted by law, _____ agrees to defend, pay on behalf of, indemnify and hold harmless the **Township of Hainesport**, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the **Township of Hainesport** against any and all claims, demands, suits, or loss including all costs connected therewith and for any damages which may be asserted, claimed or recovered against or from the **Township of Hainesport**, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the **Township of Hainesport**, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract, including allegations of fault or negligence on behalf of the Township.

By: _____
For the Contractor

For the Municipality