



**FACILITY APPLICATION/USER PERMIT FORM**

Phone  
732-329-4000  
Ext. 7301  
Fax  
732-329-0627

**INSTRUCTIONS:**

1. Application should be filed no less than 7 days (30 days for special or large events) prior to event.
2. There will be no reservations taken over the phone.
3. Application must be signed and all information must be completed before date(s) are considered.

**PLEASE PRINT:**

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax Number: \_\_\_\_\_

**EVENT:**

Type of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Number of People Attending: \_\_\_\_\_

**INSURANCE:**

HOLD HARMLESS STATEMENT IS REQUIRED FOR ALL EVENTS INDEMNIFYING SOUTH BRUNSWICK TOWNSHIP. A CERTIFICATE OF INSURANCE IS REQUIRED WHEN THERE ARE PARTICIPANTS OVER FIFTY.

I/WE \_\_\_\_\_ INDEMNIFY AND HOLD HARMLESS THE TOWNSHIP OF SOUTH BRUNSWICK AND ASSUME THE RISKS OF ALL CONDITIONS EXISTING IN THE AREA COVERED BY THIS PERMIT AND SHALL ASSUME LIABILITY FOR LOSS, DAMAGE, OR INJURY SUSTAINED BY ANY PERSON WHATSOEVER BY REASON OF NEGLIGENCE OF THE ORGANIZATION, ITS AGENTS, SERVANTS, EMPLOYEES, AND VOLUNTEERS AND AGREE THAT THE USE OF SAID PREMISES IDENTIFIED ABOVE SHALL BE USED EXCLUSIVELY FOR THE SOLE PURPOSE STATED ABOVE.

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
SIGNATURE

FACILITY ROOM APPROVED: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Bernard P. Hvozdovic, Township Manager

**SPECIAL INSTRUCTIONS: FOOD AND DRINK ARE PROHIBITED IN THE ROOMS. YOU MUST LEAVE THE ROOMS CLEAN. IF YOU REARRANGE THE FURNITURE, YOU MUST RETURN IT BACK TO THE ORIGINAL SETUP. YOU MUST TURN OFF THE LIGHTS AND ALL WINDOWS MUST BE CLOSED PRIOR TO LEAVING. THANK YOU FOR YOUR COOPERATION.**