



TOWNSHIP OF MONROE

RECREATION

GENERAL USE OF BUILDING FORM

(REQUEST FOR USE OF BUILDING)

COMMUNITY CENTER
120 MONMOUTH ROAD
MONROE TOWNSHIP, NJ 08831
TEL (732) 723-5000
FAX (732) 723-5014

ORGANIZATION NAME: _____ TODAY'S DATE: _____

FACILITY(S) REQUESTED:	101A	102A	203	OLD GYM COURT 1	NEW GYM COURT 1	AUXILIARY GYM
(CIRCLE ALL THAT APPLY)	101B	102B	204	OLD GYM COURT 2	NEW GYM COURT 2	CONFERENCE ROOM
	109					

DAY(S) OF WEEK: _____

DATE(S): _____

TIME(S): _____

NAME OF PERSON IN CHARGE: _____ TITLE IN ORGANIZATION: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL PHONE: _____

Email: _____

ALL APPLICANTS MUST:

*SUBMIT A CERTIFICATE OF INSURANCE IN THE AMOUNT OF \$1,000,000 GENERAL LIABILITY INSURANCE WHICH MUST NAME THE TOWNSHIP OF MONROE AS AN ADDITIONAL INSURED OR SIGN AN INDEMNIFICATION AND WAIVER FORM IF REQUESTED;

*SUBMIT A ROSTER LISTING ALL PARTICIPANTS AND THEIR HOME ADDRESSES IF REQUESTED;

*AGREE TO REIMBURSE THE TOWNSHIP OF MONROE IN THE EVENT OF PROPERTY DAMAGES;

ON BEHALF OF THIS GROUP, WE UNDERSTAND ALL PROCEDURES ASSOCIATED WITH THIS REQUEST AND ACCEPT THE LEGAL AND FINANCIAL RESPONSIBILITIES INVOLVED IN THE USE OF MONROE TOWNSHIP FACILITIES

SIGNATURE OF AUTHORIZED APPLICANT REPRESENTATIVE: _____ **DATE:** _____

PURPOSE OF USE: _____

OF PARTICIPANTS: _____ AGE: _____ ADULT _____ YOUTH _____ MIXED
(PLEASE CHECK ONE OF THE ABOVE)

SET-UP REQUIRED/ EQUIPMENT NEEDED: _____

COMMUNITY CENTER USE ONLY

APPROVED: ___ YES ___ NO _____
(DATE)

INSURANCE REQUIRED: ___ YES ___ NO

ENTERED IN CALENDAR: ___ YES ___ NO _____
(DATE)

CCID# _____

RESERVATION # _____

NO FOOD OR DRINK IN ROOM 101 OR CONFERENCE ROOM
REC ID CARDS ARE REQUIRED TO RESERVE A ROOM